Rhodes Group

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CHAPTER 1 : Revised RULES Descriptions

This section covers the Fast Platform software Rules from the **Fast Platform Rules Engine** section of the manual. The permissions from that section were covered in Doc Review Demo 4.

The **PDF** doc for Doc Review Demo 5 contains:

- the Rules descriptions
- an Appendix of items referred to by those Rules
  - Table Relationship Maps
  - Table listings

The **Word docs** for Doc Review Demo 5 are only those items that need to be reviewed:

- the Rules descriptions
- the Table Relationship Maps
- the FO_Users table

Note: The FO_Users table has been updated on 04-06-16 and now supersedes the FO_Users table in Doc Review Demo 3, Table Set 2. **Please review this FO_Users table and disregard the older FO_Users table doc.**

Assigning Permissions

Permissions are listed in the `FO_Permissions` table and are assigned to groups maintained in the `FO_PermGroups` table. The permission group is then assigned to a specific user in the `FO_Users` table, in the `FO_Users.PermGroup` field, giving that user all permissions assigned to that `FO_PermGroups.PermGroup`.

Battery Test Components Duplication Exclusion Rule

This rule provides a way to disqualify a test battery from being checked for duplicate components.

To activate this rule, you must:

- add the lab department for exclusion to the excluded department list by using the `FO_LabInfo.TestCompDupExcludeDept` field. This field may have multiple valid lab department codes, separated by commas.

If the `FO_LabInfo.TestCompDupExcludeDept` is blank, the system defaults to the departments 'MC,BB,CY'.

If the `FO_LabInfo.TestCompDupExcludeDept` contains an invalid lab department code then no tests will be checked for duplicate components. Make sure you only use valid lab departments codes in the `FO_LabInfo.TestCompDupExcludeDept` field.

See FO_LabInfo on page 50 for more information about field definitions and allowed values.

Client Visit Rules

This rule provides a way to turn on the CV#, client visit number, field on the order screen and on the client-driven order screen. (If an edit mask is assigned, does the CV# becomes a required field. ????)

This field relates to the concept of a foreign episode ID. The CV# field links an order to a foreign episode identifier or foreign account number, as provided by a lab client.

This field contains the billing or episode ID from an external system. (which ID and who/what chooses which ID???)

To activate this rule, to turn on the CV# field, you must:

- assign the clientvisitsee permission [Orders Module]. See Assigning Permissions on page 2 for more information. OR
- assign a value to the `FO_Clients.ClientVisitNumber` field. This defaults the order-level field with the contents of the same field for the order client.

An edit mask format may be assigned by using the `FO_Clients.ClientVisitNumberMask` field. The mask uses the FASTstandard mask characters of # for a number and @ for a letter.

The system will display the client visit number field on the order screen if a mask is assigned in the `FO_Clients` table.

On the Order Screen:

The client visit number field, CV#, is located on the order screen next to the account number.

On the Client-Driven Order Screen, PATIENT PRESENTS WFM:

The client visit number field, CV#, is located below the client patient ID, C Pt Id, field in the middle column of the top section on the client-driven order screen.

The CV# or external client visit number can be made a required field on a per MPI Qualifier basis by:

- setting the `FO_MPI_Qualifier.RequiresExternalEpisodeID` field to 1.
- and assigning the chkmpireqcv permission [Orders Module]. See Assigning Permissions on page 2 for more information.

The ability to edit a CV# after it has been entered is controlled by the `FO_MPI_Qualifier.DoNotAllowEditExternalEpisodeID` field.

You may choose to not allow edits to the CV# to prevent any change to the value sent by the external system in order processing.

(The system will display the client visit number field on the order screen if a mask is assigned in the FO_Clients table.

This sounds like the field will display and be required if a mask is assigned, whether or not the clientvisitsee permission or the FO_Clients.ClientVisitNumber field has a value. Is that true??

Does it really only mean that the field will be editable if there is a mask??

So if the permission is set does that mean that the field is visible and contains the value assigned by an external process, and the field cannot be edited??

Is a value assigned to the CV# by an external process and then this 'rule' allows

a. the user to see that value by 'turning on', displaying, the CV# field on the screen?

b. edit the externally-assigned CV# based on assignment of edit mask?

c. on the client-driven order screen make CV# a required field? [is CV# sometimes not filled in by an external process?]

)

See FO_Clients on page 33 for more information about field definitions and allowed values.

See FO_MPI_Qualifier on page 71 for more information about field definitions and allowed values.

Copy Order Rule

This rule provides a way for a previous order to be copied to a new order. One or more, or all, of the items on the list of fields below may be copied.

On the Requisition/Accession History screen, an order to be copied must be selected from the active order list. The rule is executed when the **Copy Order Info** button is clicked.

To activate this rule, you must:

- assign a value for the `FO_Users.CopyOrderFields` field to indicate which items should be copied.
- assign the copyordinfosee permission [Orders Module]. This permission displays and enables the **Copy Order Info** button on the Requisition/Accession History screen. (is this correct?) See Assigning Permissions on page 2 for more information.

If this rule is activated via the permission but no value has been entered for the `FO_Users.CopyOrderFields`, a message will be displayed warning the user that "No Copy Order Fields Assigned" and the function cannot be used, nothing will be copied.

See FO_Users on page 92 for more information about field definitions and allowed values.

Copy Order Fields

The copy order field options below, set in the `FO_Users.CopyOrderFields` field, are used for the Copy Order Rule above.

An acceptable value for the `FO_Users.CopyOrderFields` field is created by a string of 1s and 0s, each 1 or 0 turning on or off an option listed below. The string should contain a number for each option below, a string of 18 characters.

Position	Description
1	BILL TO field
2	Account Number
3	Client Visit Number
4	Ordering Physician Code and Name
5	Client Code and Name
6	Copy To 1-4 Code and Name
7	Copy To Client
8	Location Code and Name
9	Order Test Codes

Position	Description
10	Diagnosis Codes By Test
11	Test Collection Date and Time
12	Order Level Collection Date and Time
13	Order Episode ID
14	Order Referral Information
15	Order Injury Related Data
16	Order LMP related Data
17	Test Level Questions and Answers
18	Requisition ID at Order level

For example, to turn on options 1, 2, 3, 6, 10, 11, 12, 13, 17 and 18, enter the `FO_Users.CopyOrderFields` value as 111001000111100011.

Exit Patient Screen after Save Rule

This rule provides a way to automatically exit the demographic screen after saving patient data, as if the **Exit** button was clicked.

To activate this rule, you must:

- assign the ptsaveexit permission [Registration Module]. See Assigning Permissions on page 2 for more information.

This action is usually occurs when the **Save** or **Verify** button is clicked, but may also be initiated by other routines. (what other routines??)

Insurance Grouping by User Rule

This rule provides a way to limit the insurances displayed for a group of users.

To activate this rule you must:

- assign the insUsergroup permission [Registration Module]. See Assigning Permissions on page 2 for more information.
- assign the user to a single user group using the `FO_Users.Ins_User_Assignement` field.
- assign an insurance group to a user group using the `FO_Ins.Ins_User_Assignement` field. Multiple user groups may be assigned using this field.

See FO_Users on page 92 for more information about field definitions and allowed values.

The insUsergroup permission limits the insurances displayed to the user, on the patient demographic screen, when insurances are searched. The insurances displayed are limited to those insurances in the insurance group associated to the user by their user group. In addition, any insurances not assigned to an insurance group are displayed.

This rule does not affect any insurance entries previously assigned to the patient. (Does that mean a user can search, or see in the results, previously assigned insurances regardless of the status of the insUsergroup permission for that user? Does the system really look at date/time stamps to determine which permissions were in effect for that user and compare that date/time to the patient's insurances? [or something like that?])

If the insUsergroup permission is not assigned to a user, that user may search and display any insurance.

See the APPENDIX - Insurance Grouping by User on page 30 regarding insurance grouping by user for the `FO_Users` and `FO_Ins` tables in the Appendix.

Troubleshooting: Make sure the permission is set for the user.

Insurance Ranking Rule

This rule provides a way to specify the rank of the insurance code. Rank indicates the sequence or priority of the insurance code and is Primary, Secondary/Tertiary or blank for no rank. Insurance codes with the Secondary rank may be used for either the patient's secondary or tertiary insurance.

Specification of an insurance code rank and assignment of the insrank permission [Registration Module] to a user limits the insurance codes that may be assigned as a patient's insurance.

An insurance code may only be assigned according to its rank or priority. A primary insurance code may only be assigned as a patient's primary insurance, etc. when the insrank permission is in effect.

If an insurance code does not have a rank, it may be assigned as a primary, secondary or tertiary insurance, even if the insrank permission is assigned to the user.

To activate this rule, you must:

- assign the insrank permission [Registration Module]. See Assigning Permissions on page 2 for more information.
- assign a rank to an insurance code using the `FO_Ins.Ins_Rank` field. See FO_INS on page 45 for more information about field definitions and allowed values.

Any user with the insrank permission may only assign an insurance code that has the same rank, or no rank, as the field for which the insurance code is being entered. That is, only a primary, or an unranked, insurance code may be entered as a patient's primary insurance code.

If a user does not have the insrank permission, that user may assign any insurance code for any patient insurance; primary, secondary or tertiary.

A patient demographic may contain insurance code entries applied by a different user who was allowed to apply any insurance in any sequence. Therefore, the ranking rule is only applied when a new insurance is being selected for a patient.

Note: Ranking only applies to the patient demographic screen. This rule will not affect previously assigned insurances, insurances not(???) assigned by interfaces or insurances assigned by users with the right to assign any insurance.

LIS Accession Assignment Rule

This rule provides a way to assign or receive the LIS Accession and Container ID. The LIS, or lab, accession is defined as the accession number that the clinical testing system requires for operation. The lab accession number is a separate identifier from the FAST accession number and the container ID, CID, value.

FAST can be configured to create an alphanumeric accession number and export it to the LIS as its own accession number.

The Lab Accession value created in FAST can be sent across interfaces and printed in labels.

The FAST outbound interface and the LIS interfaces must be modified to export the lab accession value to the LIS. (how do we do this, to where can we refer the reader for more info about modifying the interfaces?)

With the assistance of Rhodes, the system and its interfaces can be configured to:

- create a lab accession and send it to the LIS.
- have the lab accession value sent to FAST from the LIS. (how do we do this, to where can we refer the reader for more info?)

The system can also operate in mixed mode; it can assign and receive lab accession values from the client LIS.

The lab accession assignment process is inherited by the Container Management process built into the system. FAST assigns the lab accession value as the last step of the container management process. The system provides two different options for grouping tests into an accession.

Before choosing and activating an option, you must define, enter values for, these parameters for creation of the lab accession number.

- `FO_LabInfo.LabAccessionFormat`: Defines the format for creation of lab accession values. Use the Rhodes recommended value of 1A,8N. The format '1A,8N' generates lab accessions that are one alpha character followed by 8 numeric characters.
- `FO_LabInfo.LABAccessionAlphaCharacters`: Determines which alpha characters will be utilized for the lab accession. If this field is left blank then the default is all, any, 26 letters of the English alphabet. (if this field is defaulted to all 26 letters, is there any order in which they are assigned?)
- `FO_Users.LabelExpirationSeconds`: Defines the number of seconds the system will wait for the LIS to return a lab accession value before qualifying a label to print. Enter an integer for the number of seconds. Enter a 1 if FAST will be assigning the accession number.
- `FO_MergeTable_Definition.LabAcc`: Provides a valid column name for lab accession number. This establishes an alias or cross reference for this data elements in the merge process since the same data element might be posted to multiple tables.
- Determine usage of, and use, if needed, the zerofillabacc permission [Orders Module]. When this permission is used, the lab accession number generated by FAST will be left-zero filled, or prefixed with zeroes.

See the FO_LabInfo on page 50 table for more information about field definitions and allowed values.

See the FO_Users on page 92 table for more information about field definitions and allowed values.

See the FO_MergeTable_Definitions on page 69 table for more information about field definitions and allowed values.

The two options for grouping tests into an accession number are shown below:

Assign one lab accession for each container ID created.

A lab accession number is created for the tests contained in each container ID, CID, when the container ID is assigned during the order process. This mode can be used when you want to create a CID-like environment on an LIS that does not support container management. (but above states that the Container management process is built into the system. are there legacy systems that don't have that process or do some sites just choose not to use it and to do this instead.) FAST ensures that each accession in the LIS matches a unique container.

The lab accession number is created when the system assigns a container ID to a test code during the order process.

Note: This logic path is only activated when the system creates container ID values. If a user is not assigned permission to create containers, then that user cannot create lab accessions.

To activate this rule, you must:

- assign the assignlabacc permission [Containers Management Module]. See Assigning Permissions on page 2 for more information.

Grouping Code Lab Accessing Assignment

Create a lab accession number and group tests to that lab accession number based on a grouping code assigned at test level. (Is it true that this option also creates a lab accession number?, if not, how does it get created?)

Note: This function should NOT be used if you create container ID specific lab accessions.

This function should be considered where the LIS accepts a container ID separately from the lab accession.

To activate this rule, you must:

- assign the makelabaccgrp permission [Containers Management Module]. See Assigning Permissions on page 2 for more information.
- `FO_Tests.LISAccGrpCode`: Determines how the system should group tests to a lab accession. Enter a valid grouping code. This grouping code will allow the system to group multiple containers in a single lab accession. All tests that have the same value for the `FO_Tests.LISAccGrpCode` field are grouped together into one lab accession value.

See FO_Tests on page 82 for more information about field definitions and allowed values.

Medical Necessity, LMRP Rules And ABN Rules

This rule set provides conditions that are:

- applied to Medicare and other insurances.
- applied to basic CPT/Diagnosis based LMRP calculations.
- applied to utlize combined multiple diagnosis groups.

This rule set does not apply to any Bill To that is not related to insurance, such as “Client” or “Your Office”.

The medical necessity and LMRP rule set is implemented in the rules engine through both permissions and maintenance.

See the APPENDIX - Medical Necessity, LMRP and ABN Tables Relationship on page 31 in the Appendix for the relationships between the FO_Ins, FO_Users, FO_CPTReview and FO_CPTReviewCombinedDx tables for this rule set.

To activate this rule set, you must:

1. Assign the abnprint permission [ABN Insurance Module]. See Assigning Permissions on page 2 for more information.

2. Enter data into the `FO_Ins` table:

   See FO_INS on page 45 for more information about field definitions and allowed values.

   - `ReviewCarrier`: Carrier code that this insurance code is associated with for medical necessity rules. Must be exactly the same as the `FO_CPTReview.Carrier` field value.
   - `UseABN`: Must be set to 1. Qualifies this insurance for LMRP checking.
   - `ReviewCPTs`: All CPT codes that apply to this insurance to check medical necessity. This set of codes are the only CPT codes checked for medical necessity and are cross-referenced to the `FO_CPTReview` table.
   - `MedNecessityFormCodes`: All form codes for the medical necessity, ABN, related forms available for printing. Skip this field to default to |ABNENGLISH|ABNSPANISH|

3. Enter data into the `FO_Users` table:

   See FO_Users on page 92 for more information about field definitions and allowed values.

   - `MedicareRegion`: The Medicare region is used as an identifying value during LMRP rules processing. It is also used to match the user to the information in the `FO_CPTReview` table using the `FO_CPTReview.Region` field value.

4. Enter data into the `FO_CPTReview` table:

   See FO_CPTReview on page 40 for more information about field definitions and allowed values.

   - Enter a record for each CPT and ICD code pair for each applicable insurance carrier and Medicare region into the FO_CPTReview table. This data updates the LMRP and NCD rules and is linked to both user settings and insurance. In each record, provide values for:

- CPT: A single valid CPT code.
- ICD: A single valid ICD code.
- Carrier: A single valid insurance carrier code. This represents the insurance used for this CPT/ICD pair. Must be exactly the same as the FO_Ins.ReviewCarrier field.
- Region: A single valid Medicare region which represents the region used for this CPT/ICD pair.

Basic LMRP Rule

To specifically use the basic LMRP rule, you must also:

A. Create a default rule, or record, in the FO_CPTReview table for each CPT code for the insurance carrier. The record must have specific values for:
   - ICD: Enter |ALL|
   - Reason: Represents the result of this rule evaluation, enter either D, E, F, or P. Enter the result reason that is most common for this CPT code. A result record will be created when the test fails LMRP checking. (does that mean that a record will be created? If so, in what table and how is it retrieved/displayed/reported?)

     Reason D: specifies a diagnosis failure.

     Reason E: specifies an experimental test failure.

     Reason F: specifies a frequency failure. Requires that a frequency count and duration in days is specified.

     Reason P: specifies that a diagnosis is payable.

B. Create a rule, or record, in the FO_CPTReview table for each exception to the default rule for each CPT/ICD pair related to this carrier and each CPT code in this list. (How does that manifest? Are there specific values for certain fields?)

Supporting Diagnosis Rule

To specifically use the supporting diagnosis rule, you must also:

A. Create a default rule, or record, in the FO_CPTReview table for the insurance carrier and for each CPT code that will have support diagnoses. The record must have specific values for:
   - ICD: Enter |ALL|W
   - Reason: Represents the result of this rule evaluation, enter either 1 or 2. Enter the result reason that is most common for this CPT code. The test will fail LMRP checking for all conditions not defined in the FO_CPTReviewCombinedDx table. A result record will be created when the test fails LMRP checking.

     Reason 1: specifies a diagnosis failure that requires supporting diagnosis combinations.

     Reason 2: specifies that a frequency rule will be applied that requires supporting diagnosis combinations.

Note: The FO_CTPReview table must only contain the default rule.

B. Create an exception rule, or record, in the FO_CPTReviewCombinedDx table for each exception to the default rule created above.

The frequency and duration values in the default rule are used in the calculation.

To create these rules, you must enter data into the FO_CPTReviewCombinedDx table:

See FO_CPTReviewCombinedDx on page 42 for more information about field definitions and allowed values.

- Carrier: Enter the insurance carrier code.
- Region: Enter the Medicare region.
- ChargeTo: Informational Only. (then why even mention it? Or just say "Skip this entry". Does it get filled in somehow with information? If so, what might been seen in this field and how did it get there?)
- CPT: Enter a single valid CPT code.
- StartDate: Start date/time for this exception rule. Format MM/DD/YYYY HH:MM:SS. If the actual start date is unknown, enter '01/01/1900 00:00', seconds are not required. [The FAST db schema says the default is "1/1/1900 12:00:00 AM". But it doesn't seem the seconds nor the AM/PM are required. Also could we just say "Skip this entry to default to '01/01/1900 00:00'" instead of telling the reader to type in that value. Also seems that EndDate is on 24-hr format so the AM/PM is irrelevant.]
- EndDate: End date/time for this exception rule. Format MM/DD/YYYY HH:MM:SS. If the actual end date is unknown, enter '12/31/2099 23:59, seconds are not required. [See comment/?? above re the FAST db schema]
- DiagnosisCode: A comma delimited set of valid diagnosis codes. Each code is a payable condition. (is this correct?)
- DiagCodingMethod: Skip this entry. Future Use. (is this correct?)

Note: A maximum of four FO_CPTReviewCombinedDx records can be created for each CPT code. (How is this enforced?)

ABN Rules

The abnprint permission [ABN Insurance Module] must be granted for users to be able to see and print ABN forms. See Assigning Permissions on page 2 for more information.

The ABN form is formatted to allow tests with different messages to appear on separate lines on the form. Each test can have a distinct message as defined in the FO_Tests table in the ABN fields for English and Spanish for the three main failure types; frequency, diagnosis, and experimental. If no specific message is defined, the default message is printed.

Cancelled tests will be blocked from ABN/medical necessity form printing.

See FO_Tests on page 82 for more information about field definitions and allowed values.

Multiple Fee Sched Function Rules

The multiple fee schedule function provides a way to define one or more fee schedules tied to the Bill To options of client code, insurance code, patient (default) and cash.

A fee schedule is defined as a collection of records that assign CPT codes and prices for each test code in the system.

The FASTfront-end is not meant to be a billing system, so we assume that fee schedule data will be downloaded from the Claims (FIN) system using customized user created routines. Manual entry into the corresponding tables is also possible. FASTdoes not have fee schedule management tools since it is not a primary claims environment.

The multiple fee schedule function associates specific fee schedule codes as defined in the FO_LISxHIS table to pre-defined Bill To, charge to, values. The FASTBill To values are related to FIN system values but represent a concept more aligned with front-end staff and operations.

Fee schedule operations occur on the client-driven order screen and are applied when a Bill To value is selected. The system applies a fee schedule at the time an order is first created. If the order was imported from an external system, the fee schedule is applied when the order is first opened in edit mode. The system does not apply a fee schedule when an external order first arrives. This allows the most current fee schedule to be used when the order is first opened.

Note: : Make sure the correct fee schedule is used for insurances that require medical necessity rules. This is critical since the fee schedule code defines the CPT codes associated with each test in the order.

Note: FASTrequires a default fee schedule to be defined for each test code (is that true?). The default fee schedule records are created in the FO_LISxHIS table.

Systems without the multiple fee schedule function assume that the data present in the FO_LISxHIS table is a single fee schedule. The single fee schedule function does not require any definitions outside the FO_LISxHIS table default record.

If more than one fee schedule code is defined for a test code in the FO_LISxHIS table, then additional data for that test code must be entered in the following tables.

Creating Multiple Fee Schedules

To use multiple fee schedules, you must enter data into each of these tables:

FO_LISxHIS Table

This table is used to create one or more fee schedules.

Each fee schedule, each table record, is specific to this set of values:

- LisCode: Test code for this fee schedule.
- Schedule: Fee schedule code.
- Billing_Option: Billing option code within the fee schedule.
- CPT: A single CPT code.

If a test has more than one CPT code for a particular fee schedule and billing option, then there should be one record for each CPT code.

These fee schedule code and billing option code values allow for the sub-categorization of fee schedules. Both of these values must be entered correctly in the other tables listed below.

System calculations add all the CPT codes prices together to total the price for a test. The system also uses this information in medical necessity logic to assign CPT codes and prices to tests.

See FO_LISxHIS on page 67 for more information about field definitions and allowed values.

FO_Fee_Schedule_Definition Table

This table requires one record for each fee schedule code created. Each record may have one or more records in the following `FO_Fee_Schedule_Option_Definition` table.

See FO_Fee_Schedule_Definition on page 43 for more information about field definitions and allowed values.

FO_Fee_Schedule_Option_Definition Table

The records in this table are used to define the billing option codes for each fee schedule code defined in the `FO_Fee_Schedule_Definition` table.

See FO_Fee_Schedule_Option_Definition on page 44 for more information about field definitions and allowed values.

FO_Ins Table

This table is used to assign a fee schedule to a specific insurance code. The codes associated are used if the insurance code is selected as a primary insurance.

The `FO_Ins.BillFeeSchedule` and `FO_Ins.BillingOption` fields specify the fee schedule codes.

See FO_INS on page 45 for more information about field definitions and allowed values.

FO_Clients Table

This table is used to assign a fee schedule to a specific ordering client code. The codes associated are used if the client code is selected as an order's ordering client code.

The `FO_Clients.BillFeeSchedule` and `FO_Clients.BillingOption` fields specify the fee schedule codes.

See FO_Clients on page 33 for more information about field definitions and allowed values.

FO_LabInfo Table

- `DefaultFeeSchedule` and `DefaultFeeScheduleOption` Fields

  These fields are used to denote the default fee schedule in the absence of any other association. These codes are used when an order cannot be associated with any other fee schedule.

- `PatientFeeSchedule` and `PatientFeeScheduleOption` Fields

  These fields denote the codes used when a Bill To value of "Patient/Guarantor" is used for an order.

» `CashFeeSchedule` and `CashFeeScheduleOption` Fields

These fields denote the codes used when a Bill To value of "Cash" is used for an order.

See FO_LabInfo on page 50 for more information about field definitions and allowed values.

Order Acct Default Logic Rules

This rule provides a way to default the account number for an order.

To activate this rule, you must:

» enter an allowed value into the FO_Users.AccountLogic field.

The allowed values and their behaviors for the FO_Users.AccountLogic field are in the table below. Use a Rhodes recommended value as needed and described below.

Allowed value	Behavior
UNIQUEACCT Recommended setting if a client ID will always be used.	Defaults the account number to the Patient ID + Ordering Physician ID + Collection Date + Order BillTo + Client ID
UNIQUEACCTPROV Recommended setting if a client ID will NOT always be used. (The two behaviors listed here call for different values to create the account number. What is correct?)	system will create a unique account number for the combination of FOID, collection date and provider. defaults a unique account number for an order based on the values of patient ID, physician, collection date and order billto
CLIENT or CLIENTMRNPHYSDATE	Check the order client for the presence of an account number default assigned in the FO_Clients.Number field. If the FO_Clients.Number field value is 'ASK' then the system will prompt the user for an account number. If the field value is an account number, the system will default the account number to the FO_Clients.Number field value.
CVN	Defaults the account number to the client visit number, CV#. The CV# field must be filled in for this to occur.
DATE	Defaults the account number to today's date.
MRNPHYSDATE	Defaults the account number to the MRN + Ordering Physician ID + Today's Date
PROVIDER or PROVIDERMRNPHYSDATE	Checks the ordering physician for the presence of an account number default assigned in the FO_Providers.Number field. If the FO_Providers.Number field value is 'ASK' then the system will prompt the user for an account number. If the field value is an account number, the system will default the account number to the FO_Providers.Number field value.
REQID	Defaults the account number to the requisition ID. The requisition ID field must be filled in for this to occur.

Allowed value	Behavior
UNIQUEACCTCLIENT	Defaults the account number with the Patient ID + Client ID + Collection Date
UNIQUEACCTCLIENTBILLTO	Defaults the account number to the Patient ID + Client ID + Order BillTo + Collection Date
UNIQUEACCTCLIENTPROVBILLTO	Defaults the account number to the Patient ID + Client ID + Provider ID + Order BillTo + Collection Date
UNIQUEACCTPROVBILLTO	Defaults the account number to the FOID + Collection Date + Provider ID + Order BillTo
NONE	No account number will be generated. (does this mean the user needs to enter the account number?? so the field will be enabled for data entry/editing?? and will it be a required field??)

(The allowed values and behaviors above were gathered from the FO_Users.AccountLogic field table notes and the Order Account Default Logic Rules content.

Need to make sure the behaviors described above are correct. When the behaviors are correct(ed), will move this list to the FO_Users.AccountLogic field table notes.)

See FO_Users on page 92 for more information about field definitions and allowed values.

Result At Order Entry (Questions/RESOE) Rule

This rule covers the use of questions and answers for the result at order entry, RESOE, processes. The new code-driven RESOE process is described in the Code Driven Question / Answer Screen section in the order process flow.

Below you will find additional information about the code-driven RESOE rule requirements.

Standard RESOE Rule

To active the standard RESOE rule, you must enter questions and answers for tests.

Some tests require that results are entered for specific questions at the time of order. The system allows for an extensive rule set to create related rules. For RESOE, those rules are in the form of questions and answers for those tests.

When a test is ordered the system will look at the `FO_Tests_QA` table to see if any QA codes are associated with the test code being ordered. If there are questions in the table for that test, they are presented to the user to gather answers for submission with the order.

If there are questions, the system will look at each question to determine what kind of answer is required, if there is an edit mask and if an answer is mandatory. In addition, the system will look to see if there is an answer list, based on answer group code, and, if so, present that selectable list of answer options.

Creating Questions and Answers

Using maintenance procedures, an admin is allowed to establish a set of questions and, if necessary, possible answers for those questions, for any test.

Questions are entered into the `FO_Test_QA` table and must have a unique test code / QA code pair value. If a test needs multiple questions, each question must have a unique test code / QA code pair value.

Answer options, which are presented as a selectable list, are entered into the `FO_QA_AnswerGroup` table for a question. The answers are associated to a question by the value of the `FO_Test_QA.AnswerGroup` which must match the `FO_QA_AnswerGroup.AnswerGroup` value.

In the `FO_Tests_QA` table, a single question is defined in each record of the table and that question is identified by a unique combination of the test code field and QA code field values. The QA code is an arbitrary code assigned to a question for a test.

Note: The test code / QA code pair value must be unique for each question.

If an orderable test should have two associated questions then two records, each with a different, unique, test code / QA code pair, must be created in the `FO_Tests_QA` table.

Note: A QA code may be re-used for a different test code. For example, a QA code of ASKWGT could be used for any test code that requires a question about the patient's weight.

To create questions for a test:

- enter a record into the FO_Tests_QA table with a unique TestCode / QACode pair of values.
- create, or re-use, a QA code for that test question. A QA code can only be used once in combination with a specific test code, however a QA code may be used for a different test code.
- for multiple questions for a test, add more question records each with the same test code and a different QA code.

For each question, you must provide information:

- for a default answer, which may be overridden. A default answer is not required.
- to define the specific type of answer which must be given for the question. The type is required and may be:
  - TEXT, with a character limit. Must also indicate in the TreateMaskAsNumberValue field if the text entered for the answer should be treated as a number.
  - LIST
  - NUMERIC
- For code-driven RESOE, the answer types may be:
  - LIST
  - NUMERIC
  - CODE which is from FO_Dictionary or list; allows search in FO_Dictionary. When this type is used, you also need to provide value(s) in the UseCodeTypesForSearch field for searching the FO_Dictionary records.
  - Date or Date Time
- to indicate if an answer to this question is required, or mandatory.
- to indicate if both the code and description should be sent for OBX.
- to establish an edit mask, if needed, for the answer.
- for instructions to the user when the question is displayed.
- for the sequence value if there are multiple questions for this test. A sequence is required so the questions are presented in the correct order.

See FO_Test_QA on page 78 for more information about field definitions and allowed values.

To create answers for a specific question:

- be sure to enter an AnswerGroup value in the FO_Tests_QA question record.
- enter multiple records into the FO_QA_AnswerGroup table each with the same AnswerGroup value which must match the FO_Tests_QA.AnswerGroup value for that question. Each answer record must have a FO_QA_AnswerGroup.Choice, or answer, value and a sequence value. A sequence is required so the answers are presented, as a list, in the correct order.

An answer, or Choice, is the text presented to the user as an answer option for the question. An answer may be a LIS coded value created by entering the LIS English Text Code followed by a "^" carat character and then the description that goes with the code. The system automatically populates the correct field for Coded Value and description when sent across an HL7 Interface. For example, a value of "CC^Clean Catch" tells the system that the English text code is "CC" for description of "Clean Catch."

See FO_QA_AnswerGroup on page 77 for more information about field definitions and allowed values.

Note: An answer group code may be utilized for any number of questions. For example, if you wish to create the same options for the specimen description answer options for both the Sputum and Throat cultures then the same answer group code can be assigned to the appropriate question record in the FO_Tests_QA table.

Maintenance on the FO_Tests_QA and on the FO_QA_AnswerGroup tables allows you to create any number of questions and answers for any number of tests.

If you use the qachkedtmsksave permission [Orders Module], the system will re-check the edit masks for all answers to questions for an order when the **Save** button is clicked. If a mask if found to fail, the user will be asked to exit the save operation and correct the answer. This is useful when answers are provided by external order entry systems where no mask applies.

See the APPENDIX - QA Tables Relationship on page 32 for the FO_Tests_QA and FO_QA_AnswerGroup tables in the Appendix.

[edit the relationship map for the field FO_QA_AnswerGroup.UseCodeTypesForSearch field and its relationship to the FO_Dictionary.Type field.]

Code-Driven RESOE Rule Requirements

The code-driven RESOE rule provides a way to more tightly control answers that are electronically sent by external systems or manually entered.

Note: Electronic orders must meet the criteria defined for an answer before the order is considered reviewed and ready to complete processing.

To activate this rule, you must:

- assign the qacodedrivenscreen permission [Orders Module]. See Assigning Permissions on page 2 for more information.
- add questions and answers to the FO_Tests_QA and FO_QA_AnswerGroup tables as above for the standard RESOE rule
- add all codes needed for answers to the FO_Dictionary table. Every code referenced by the FO_QA_AnswerGroup.Choice values must be defined in the FO_Dictionary table. This applies to questions with an FO_Tests_QA.AnswerType = CODE.
- as needed, you may limit an answer to a subset of dictionary defined codes by entering a value in FO_QA_AnswerGroup.UseCodeTypesForSearch and entering the same value in FO_Dictionary.Type field. If this is used, the code search drop-down will be preloaded with top 30 entries.

(Need more info on the FO_QA_AnswerGroup.UseCodeTypesForSearch, it is not in the db schema that I have. Need more info on the expected type of value and/or value in that field and the FO_Dictionary.Type field.)

Code-driven RESOE provides new definitive answer types and also retains some of the old types. The table below outlines the possible answer types:

Answer Type	Description
CODE	Requires an answer containing one or more coded values. Freetext entry is not allowed for this type.
LIST	Requires an answer selected from a predefined list of codes. Used to specify a list of possible answers for a particular test.
NUMBER	Requires a numeric value for the answer.
DATE	Requires a date for the answer. Date must have the format MM/DD/YYYY
DATETIME	Requires a date and time value for the answer. The format must be MM/DD/YYYY HH:MM:SS. Seconds are not required, may use 00 for seconds. (OK to not enter seconds, ie MM/DD/YYYY HH:MM OK?)
TEXT	Requires a list of free text and coded values for the answer. Any combination in any sequence is allowed.

Code-driven RESOE allows a user to assemble the components of an answer and then the system builds an answer string.

Send Order at Receipt Rule

This rule provides a way to send an order during the receipt process instead of the typical process of sending orders to the LIS when an order is processed by the user. The purpose is to allow the LIS to receive the order message when the specimen related to the order is about to be received. Some LIS systems require this functionality to minimize the problems related to downloading to instruments when multiple testing facilities exist in the analytical environment in the lab. In effect this allows the LIS to download the order to the instruments at the lab facility that is receiving the order instead of the facility that generated the order.

To activate this rule set, you must:

- assign the exportordertoif permission [Episodes Module]: Export order to default interfaces. Turns on display of the episode creation and assignment screen.
- assign the srsendordlisrcv permission [Spec_Receipt_Module]: Send an order message to LIS, if one has not already been sent, when the Send to LIS button on the specimen receipt screen is clicked. This rule is applied on the single receipt screen.
- assign the bpsendordlisrcv permission [Orders Module]: Send the order to LIS, if one has not already been sent, upon receipt of a batch container. This rule is applied on the batch processing screen.

It is recommended that all permissions be used when the send order at receipt rule is required.

See Assigning Permissions on page 2 for more information.

Rule Business Logic

The order transaction will be sent when a received test order has occurred. There are three ways a received test order can occur:

1. 1. If the user's performing lab matches the test performing lab …. [to start rewrite of following] >>> At the time of order, if rules create a situation that one or more tests in an order are auto-received because the User's performing lab matches the test performing lab. <<< what rules create this situation?

   In this case, the system will send the order transaction for those tests to the LIS when the User presses the **Export to Host** button. Rhodes recommends that Users use this button always since the new permissions will only send transactions for received test orders
   <<< are other buttons available and why if always want user to use the **Export to Host** button.??
2. On the single specimen receipt screen and the **Receipt to LIS** button is clicked. The system will check to see if the order transaction has been sent and send it if required.
3. On the batch processing screen, when one or more containers is received by clicking the **Receive In LIS** button. The system will check to see if the order transactions for the related orders have been sent and if not, send them at that time.

The system will send orders at the Lab Accession level in cases #2 and #3 above because typically the user is receiving at that level when on those screens. This means that all tests in the received Lab Accession will be sent in order transactions to the LIS.

The system will check to see if the ADT transaction that typically precedes an order has been sent and also send it before the order transaction generated at receipt time. Some differences may exist in flow since the order at receipt is based on the Lab Accession instead of FASTorder session accession.

The forcesendepiord permission [Registration Module] can be used to force the system to always send an ADT transaction before the order is sent. See Assigning Permissions on page 2 for more information.

Significant Table Descriptions

This section was **User Table Rules**, a list of significant fields and their impact re **the FO_Users** table.

All descriptions that were here are now in the FO_Users table field definitions.

The **User Security Logic and Rules** section field descriptions were also integrated into the FO_Users table field definitions.

See FO_Users on page 92, particularly the blue items.

Test Comments Rule

This rule provides a way to add a default comment to a test order when a test order is created on the order screen.

To active this rule, you must:

- enter a default comment in the `FO_Tests.OrderComment` field.

The comment will appear in the test comment field in the test list.

See FO_Tests on page 82 for more information about field definitions and allowed values.

APPENDIX Intro for Review Demos Appendix

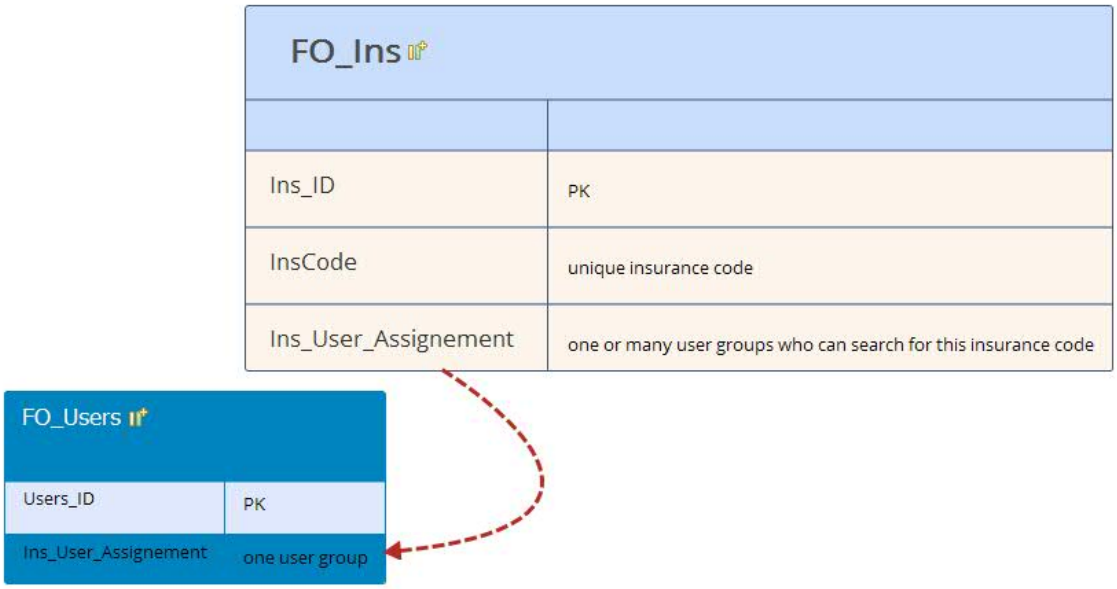
The following pages are appendix items for the document review demos

APPENDIX - Insurance Grouping by User

Relationship between the insurance group and user group for insurance grouping by user.

Every user whose user group defined in the FO_Users.Ins_User_Assignement field matches one of the user groups defined in the FO_Ins.Ins_User_Assignement field may see the insurance code(s) assigned to their user group.

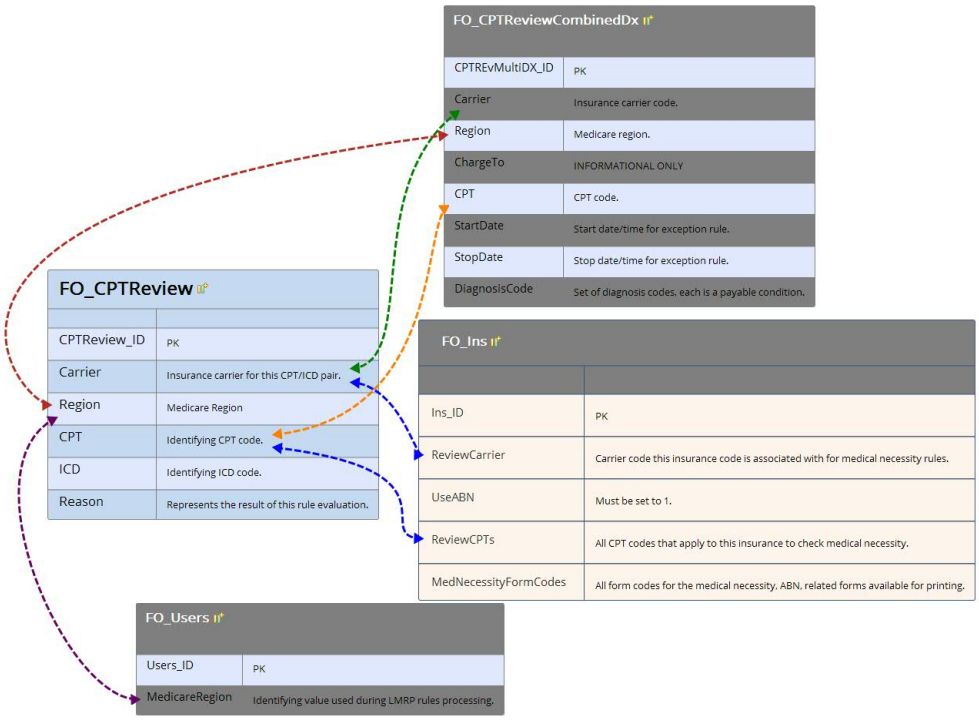
Here are the two tables and their relationship.



APPENDIX - Medical Necessity, LMRP and ABN Tables Relationship

For the medical necessity, LMRP and ABN rule set.

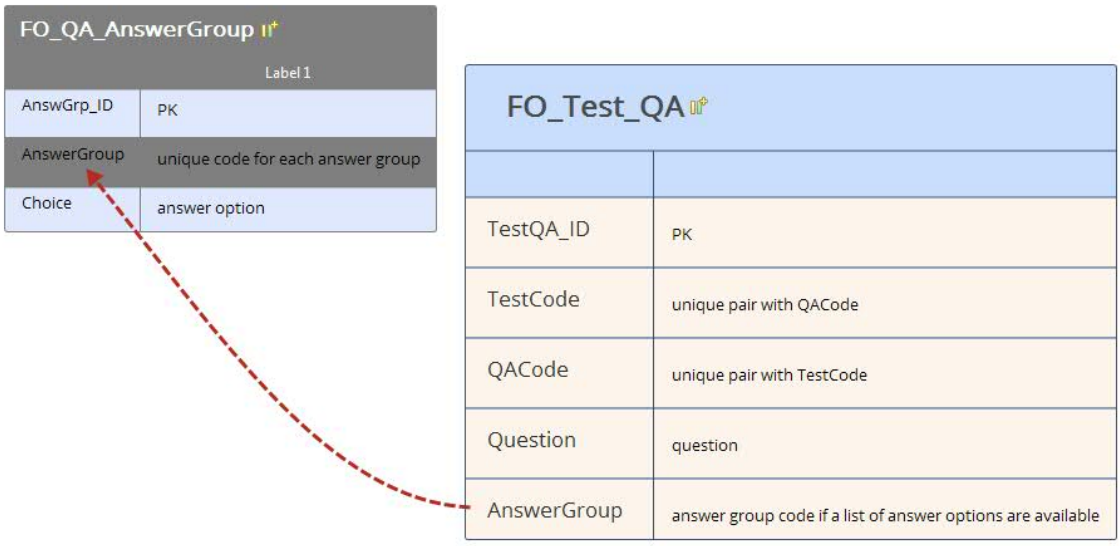
Here are the tables and their relationships.



APPENDIX - QA Tables Relationship

RESOE process - some tests need questions and answers

Here are the two tables and their relationship.



FO_Clients

This table has a single record for each client ID.

Field	Type	Notes
Code	varchar (50)	Enter a unique code.
Name	varchar (50)	Name or description for this client.
Type	varchar (50)	Client type. Used to categorize the client. Informational
Number	varchar (50)	Permanent account number for this client. Enter an alphanumeric value. Enter ASK to have the system prompt for an account number.
Add1	varchar (80)	First address line.
Add2	varchar (80)	Second address line.
City	varchar (50)	City
St	varchar (50)	State
ZipCode	varchar (50)	Zip code
Tel	varchar (50)	Phone number
Fax	varchar (50)	Fax number
DefLocCode	varchar (50)	Default location code for client. Used to map a location code if the `FO_Client_Locs` table does not map the client to any location.
UPIN	varchar (50)	Client's UPIN. Informational (what is UPIN?)

Field	Type	Notes
Client_ID	int	ID field, a counter. Unique
Freq_Ct_Tests	int	Represents the failure count for the number of tests. Enter an integer. Used in LMRP calculations to fail a test for FREQUENCY at client level.
SO_Review_Days	int	Number of days since the collection date to expire a standing order. Enter an integer for the number of days. Overrides the system-level value.
EntryGroupCode	varchar (50)	Enter a valid entry group code.
InquiryGroupCode	varchar (50)	Enter a valid inquiry group code.
FacilityID	varchar (50)	Enter a valid facility ID.
Active	varchar (50)	Determines if client code is active and if it should be excluded from searches. Enter 0 or 1 1 = client entry is active, include in searches 0 = client entry is not active, exclude from searches
LabPopup	varchar (255)	Message displayed on screen when this client is selected on the order screen, for lab users. Enter message to display.
ClientPopup	varchar (255)	Message displayed on screen when this client is selected on the order screen, for client users. Enter message to display.
AutoOrderTests	varchar (255)	Defines the list of tests to automatically order. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid order codes separated by pipes. These tests will automatically be ordered when the first order is placed on the order screen.
MPIQualifier	varchar (50)	Enter a valid MPI Qualifier code. This code may be assigned to the Client Pt ID field on the order screen if one is not specified. (the code will be assigned or may be assigned? if may be, what is the determining factor to make an assignment?)

Field	Type	Notes
ClientUserLocGroup	varchar (50)	Assigned Group Code. Enter a valid group code. A permission driven rule which validates the patient location assigned to an order based on the client ID. The system will match this code and the user location to entries in the FO_ ClientUserLoc table when the Exit button on the order screen is clicked. If there is no match, the patient location field is cleared and a message displayed to select a different patient location.
DefaultBillTo	varchar (50)	Default Bill To option. Enter a valid billto option. Rule is executed when a client is selected for an order and is used to override the default bill to value on an order. Often used to override the bill to and change it from 'Insurance' to 'Client'.
ClientVisitNumber	varchar (50)	Default client visit number, the clients external billing number, for an order. Use 'ASK' to allow user to enter a value on the order screen. Rule executes when the client is selected for an order.
ClientVisitNumberMask	varchar (50)	Edit mask for client visit number. Enter allowed edit mask characters. # = numeric character @ = Alpha character The client visit number entered on the order screen will be validated against the edit mask when the field is exited. Does setting a mask and or the value ASK in the CVN field above make the CV# a required field on the order screen? (what happens if the number fails against the edit mask?)
MasterClientID	varchar (50)	Used to group multiple client IDs to a single master client ID. Enter a valid master client ID.
Territory	varchar (50)	Client sales territory. Enter a valid sales territory. Informational
SalesRep	varchar (50)	Client sales person. Enter a valid sales person. Informational

Field	Type	Notes
CustomerServiceRep	varchar (50)	Client service rep. Enter a valid service rep. Informational
ContactName	varchar (80)	Contact name for the client.
Mnemonic	varchar (50)	Second, searchable, identifier for the client. Enter a mnemonic ID for the client. This field is included when searching for a client on the order screen.
MandatoryReqID	varchar (50)	Determines if requisition ID value is mandatory on the order screen. Enter 0 or 1 0 = req id is not mandatory 1 = req id must be entered, it is mandatory
Country	varchar (50)	Country for address
DefaultFacilityID	varchar (50)	Default facility ID. Enter a valid facility ID. Used by interfaces if no facility ID is provided in message.
RptTriggerSubscriptionID	varchar (50)	Used with RRE Reporting tool. (any more to say here, about what should be entered?)
Email	varchar (80)	Client email address.
Pager	varchar (80)	Client pager number.
InsuranceAgeToExclude	int	Determines if insurance update is needed based on days since patient verified. Enter an integer for the number of days. Update insurance if it is more than this number of days since the patient was verified. Used by CDC interface to determine if insurance information from the client should update central patient.

Field	Type	Notes
PerformingLabGroups	varchar (500)	Defines list of performing lab groups for a test. Multidimensional pipe delimited value, with leading and training pipes. Enter valid performing lab group codes separated by pipes. This represents a grouping code function for clients. Used in place of providing individual client codes in performing lab strings. (enter performing lab group codes or something else?)
StandingOrderComment	varchar150	Client-specific comment on the standing order schedule screen. Enter the text to display as a comment. Can be used to remind the user of client-specific requests.
TDC_In_Interfaces	varchar (255)	Interface code for Trusted Data Concentrator inbound interface. Enter a valid interface code. Code is written to trigger table and much match what is expected for interface to function.
TDC_Out_Interfaces	varchar (255)	Interface code for Trusted Data Concentrator outbound interface. Enter a valid interface code. Code is written to trigger table and much match what is expected for interface to function.
CDC_In_Interfaces	varchar (255)	Interface code for Client Data Concentrator inbound interface. Enter a valid interface code. Code is written to trigger table and much match what is expected for interface to function.
CDC_Out_Interfaces	varchar (255)	Interface code for Client Data Concentrator outbound interface. Enter a valid interface code. Code is written to trigger table and much match what is expected for interface to function.
FINCompanyCode	varchar (50)	Default FIN company code. Enter valid FIN company code. Instructs the billing interface to substitute this value when sending billing demographics so patients file into the correct FIN company.

Field	Type	Notes
DoNotMapProviders	bit	Bit field to determine if FO_Client_Provs mapping is used for drop-down on order screen. Enter 0 or 1 0 = mapping is not used 1 = mapping is used Does not apply to Search screen. (does this really mean whether or not a provider drop-down uses values from FO_Client_Provs instead of the provider table?)
ReqId_ToolTip	varchar (50)	Tooltip for ReqID on order screen when user hovers over the field. Enter a short message for display.
CV_ToolTip	varchar (50)	Tooltip for client visit number on order screen when user hovers over the field. Enter a short message for display.
ClientPtId_ToolTip	varchar (50)	Tooltip for client PTID on order screen when user hovers over the field. Enter a short message for display.
LabRegionCode	varchar (50)	Region code associating this client with a lab organization region. Enter a valid region code.
LabDivisionCode	varchar (50)	Division code associating this client with a lab organization company division. Enter a valid division code.
LabSubDivisionCode	varchar (50)	Sub-division code associating this client with a lab organization company sub-division. Enter a valid sub-division code.
LabCode	varchar (50)	Lab that normally services this client. Enter a valid lab code.
SourceSystem	varchar (50)	The system/vendor/version ID for with this client. Enter valid system/vendor/version ID. Connects to the organization source system definitions.
BillFeeSchedule	varchar (80)	Default fee schedule code for this client when this is the ordering client. Enter a valid fee schedule code.
BillingOption	varchar (80)	Default billing option code for the default client fee schedule code when this is the ordering client Enter a valid billing option code.

Field	Type	Notes
IsIndustrialTox	bit	Bit flag to determine if this client is valid for Industrial Tox workflow. Enter 0, 1, or skip this entry 0 or skip this entry = client code is not valid for Industrial Tox workflow 1 = client code is valid for Industrial Tox workflow
ClientSpotLightFlag	bit	Bit flag to determine if this client is a spotlight client (flag is added to order screen components). Enter 0, 1, or skip this entry 0 or skip this entry = client code is not a spotlight client 1 = client code is a spotlight client

FO_CPTReview

This table contains medical necessity rules.

Each record represents a CPT code and ICD code pair. Default records can be created representing all ICD codes for a single CPT code to speed entries. The rules allow for diagnosis, frequency, and experimental test definitions

A default record representing all ICD codes for a test may be created by using the keyword 'ALL' as an ICD field value.

The system allows you to define CPT/ICD pairs based on carrier and region.

The carrier represents the company that is the originator of each rule set. The carrier links the entry to the `FO_Ins` table and the particular insurance code that mandates this rule. The region field assigns the entry to a particular user name so you can specify sub-categories in the rules if required by the user creating the order.

Field	Type	Notes
Carrier	varchar (50)	Code for the insurance carrier FI to which this CPT ICD pair will be assigned. Enter a valid insurance carrier code. (what does FI mean and is it really needed here?)
Region	int	Region. Enter a valid region as defined in the `FO_Users` table.
CPT	varchar (10)	CPT code. Enter a valid CPT code.
ICD	varchar (10)	ICD code. Enter a valid ICD code as defined in the `FO_ICD9` table. Enter 'ALL' to indicate that this is a default condition for this CPT code. If 'ALL', make sure there is only one default record for this CPT code.

Field	Type	Notes
Reason	varchar (3)	Represents the result of this rule evaluation. Enter an allowed value. Allowed values: P = this ICD/CPT pair is payable D = this ICD/CPT pair represents a diagnosis failure that should result in an ABN form F = represents a frequency failure based on following fields in this table E = to cause the pair to fail as an experimental test 1 = indicates a diagnosis failure type rule 2 = indicates a frequency failure type rule Entries 1 or 2 require subsequent definitions in the `FO_CPTReviewCombinedDX` table for reviewing a CPT against multiple required diagnoses.
Freq_Ct	int	Number of tests for a patient in the predefined time frame, `Freq_Dur`, that should cause a frequency failure. Enter an integer for the number of tests.
Freq_Dur	varchar (10)	Number of days in the time frame for the frequency count, `Freq_Ct`. Enter an integer for the number of days.
CPTReview_ID	decimal (18, 0)	ID field, a counter. Unique
CreateDate	Datetime	System timestamp when record is created. Informational
EditDate	datetime	System timestamp when record is edited. Informational
LastUpdate	datetime	System timestamp when record was last updated. Informational
DiagCodingMethod	varchar (50)	*** NEED DEFINITION ***

FO_CPTReviewCombinedDx

This table contains rules, records, for each CPT code and insurance carrier that will have a supporting diagnosis.

A default rule is required for each CPT code and insurance carrier pair.

The default rule must have the `ICD` field set as 'ALL' and the `Reason` field set to a value of 1 or 2. This default rule is required so that the system can assume that the test will fail LMRP checking for all conditions that are not defined in the `FO_CPTReviewCombinedDx` table.

A maximum of four (4) records may be created for each CPT code. (what/how is this enforced?)

Field	Type	Notes
CPTREvMultiDX_ID	int	ID field, a counter. Unique
Carrier	varchar(50)	Code for the insurance carrier FI to which this CPT ICD pair will be assigned. Enter a valid insurance carrier code. (what does FI mean and is it really needed here?)
Region	int	Region user assigned to. Enter a valid region as defined in the `FO_Users` table.
ChargeTo	varchar(50)	Informational (any other info to give or what needs to be entered here?)
CPT	varchar(15)	CPT code. Enter a valid CPT code.
StartDate	datetime	Date rule put into use. Enter a valid date in MM/DD/YYYY format.
StopDate	datetime	Date rule removed from use. Enter a valid date in MM/DD/YYYY format.
DiagnosisCode	varchar(50)	Defines list of ICD codes that are payable. Multidimensional COMMA delimited list, no leading or trailing commas. (true?) Enter valid diagnosis, ICD, codes separated by commas.
CreateDate	datetime	System timestamp when record is created. Informational
EditDate	datetime	System timestamp when record is edited. Informational
DiagCodingMethod	varchar(50)	*** NEED DEFINITION ***

FO_Fee_Schedule_Definition

This table requires one record for each fee schedule code created. Each record may have one or more records in the following options table.

Field	Type	Notes
FeeSchedDef_ID	bigint	ID field, a counter. Unique
FeeScheduleCode	varchar(50)	Enter a unique fee schedule code.
FeeScheduleName	varchar(80)	Enter a short name for the code.
Description	varchar(MAX)	Longer description for the code.
Active	bit	Bit flag, true/false. Informational and Not Used
StartDate	datetime	Start date for this fee schedule code. Informational
EndDate	datetime	End date, or discountinue date, for this fee schedule code. Informational

FO_Fee_Schedule_Option_Definition

Used to define the Option Codes for each fee schedule code.

Field	Type	Notes
FeeSchedOptionDef_ID	bigint	ID field, a counter. Unique
OptionCode	varchar(50)	Enter a unique code for this fee schedule option code.
OptionName	varchar(80)	Enter a short name for the code.
Description	varchar (MAX)	Longer description for the code.
Active	bit	Bit flag, true/false. Informational. (is this field in use?)
FeeScheduleCode	varchar(50)	Fee schedule code for this option code. Enter a valid fee schedule code. Used to link to the fee schedule code table, `FO_Fee_Schedule_Definition`.
StartDate	datetime	Start date for this fee schedule code. Informational
EndDate	datetime	End date, or discountinue date, for this fee schedule code. Informational

FO_INS

Field	Type	Notes
Ins_ID	int	ID field, a counter. Unique
InsCode	varchar (50)	Enter a unique insurance code.
Ins_Name	varchar (50)	Name for this insurance.
Policy_Mask	varchar (50)	Mask character value(s) for the policy number entered. Multidimensional pipe delimited value, with leading and trailing pipes. Enter allowed value combinations separated by pipes. Allowed values: * = any character # = numeric character @ = Text character IE: |@@####|######| Allows for the definition of multiple edit masks for each insurance code.
Group_Mask	varchar (50)	Edit mask for the group number entered on the demographic screen. Enter an edit mask using allowed values. Allowed values: # = numeric character @ = Text character
Type	varchar (5)	Informational Site-specific use, not used by FAST
DisplayKey	varchar (80)	Informational Site-specific use, not used by FAST
UseABN	int	Indicates if ABN and medical necessity rules will apply when this insurance is selected for a patient on the demographic screen. Enter 0, 1, or skip this entry 0 or skip this entry = no medical necessity rules apply 1 = medical necessity rules apply

Field	Type	Notes
UseMSP	int	Indicates if MSP rules apply. Enter 0, 1, or skip this entry 0 or skip this entry = no MSP rules apply 1 = MSP rules apply
UseReferral	int	Indicates if this insurance code requires a referral ID. Enter 0, 1, or skip this entry 0 or skip this entry = no referral required 1 = referral is required Causes the system to activate the referral screen in an order.
ReviewCarrier	varchar (50)	Carrier code this insurance code is associated with for medical necessity rules. Reflected in the FO_CPTReview table.
ReviewCPTs	varchar (8000)	Defines CPT codes checked for medical necessity rules for this insurance code. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid CPT codes separated by pipes. The system uses this list to speed medical necessity rules by only checking the CPT codes in the list for cross reference in the FO_CPTReview table.
RequiredFields	varchar (300)	Defines list of insurance related fields that are required fields, if present. Enter single characters from the allowed values. Allowed values: P = policy number, also makes the relationship field mandatory G = insurance group number I = ICD / Diagnosis IE: PG makes the policy, relationship and group fields required fields
UserName	varchar (50)	Name of user who last edited the record. Informational
CreateDate	datetime	Date record was created. Informational
FINSystemChargeTo	varchar (50)	Default financial system charge to. Enter a financial system charge to.

Field	Type	Notes
BillPatient	bit	Bit flag to determine if the system assumes that a patient may be billed. Enter 0 or 1 0 = do not intend to bill patient 1 = bill patient If the patient should be billed, a transaction should be sent to the FIN system.
EditDate	datetime	Date record was last edited. Informational
AutoVerify	varchar (50)	Indicates to the system that when this insurance is picked as primary on the patient demographic screen, the system may auto verify the patient. Enter 0, 1, or skip this entry 0 or skip this entry = do not auto verify patient 1 = auto verify patient User must have permission autoverbyins1 for system to auto verify.
Ins_Rank	varchar (50)	Determines the ranking of the insurance when a search for insurances is performed on the patient demographic screen. Enter an allowed value. Allowed values: Skip this entry = any spot PRIMARY = for primary spot only SECONDARY = for secondary and tertiary spot If SECONDARY, the system only allows the user to use it in the secondary or tertiary spots of the patient demographic screen.
Ins_User_Assignement	varchar (255)	Defines the user group(s) who can search for this insurance code. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid user group codes separated by pipes.
ClientsPerfLabAssignement	varchar (500)	Enter |ALL| Do NOT change without Rhodesapproval. This is not the same as the 'C-' portion of performing lab rules definition.

Field	Type	Notes
MedNecessityFormCodes	varchar (255)	Defines a list of medical necessity (ABN) related forms available when the ABN button on the order screen is clicked. Skip this field to default to |ABNENGLISH|ABNSPANISH| Multidimensional pipe delimited value, with leading and trailing pipes. Enter allowed values separated by pipes. Allowed values: ABNENGLISH ABNSPANISH BLANKABNENGLISH BLANKABNSPANISH GENERICENGLISH GENERICSPANISH BLANKGENERICENGLISH BLANKGENERICSPANISH To use custom forms, enter 'FC =' followed by `FO_MedicalNecessity_Form_Definition.FormCode`
LabPopup	varchar (80)	Text message presented to a lab user when this insurance code is selected on the patient demographic screen.
ClientPopup	varchar (80)	Text message that is presented to a client user when this insurance code is selected on the patient demographic screen.
NotPrimaryIfPolicyStartsWith	varchar (50)	Defines policy number starting character(s) that cause a warning to be displayed. The warning is displayed if an insurance code is selected and the policy number entered starts with this (these) character(s). Enter the policy number starting character(s).
DiagCodingMethod	varchar (50)	Enter valid diagnosis coding method, 9 or 10, for this insurance. Value is referenced for Medical Necessity Rules.
BillFeeSchedule	varchar (80)	Default fee schedule code for this insurance when designated as the primary insurance. Enter a valid fee schedule code.
BillingOption	varchar (80)	Default billing option code for the default fee schedule code for this insurance when designated as the primary insurance. Enter a valid billing option code.

Field	Type	Notes
HRAFormCode	varchar (50)	Default form code to use for health forms for this insurance. Enter a valid form code. >>> NEED to Check Definition <<<
HRAFormFrequencyInDays	bigint	Number of days between HRA form collections. Enter an integer as the number of days. >>> NEED to Check Definition <<<

Definitions of valid MedNecessityFormCodes for the Medicare ABN form:

ABNENGLISH = English form

BLANKABNENGLISH = Blank English form

ABNSPANISH = Spanish form

BLANKABNSPANISH = Blank Spanish form

GENERICENGLISH = Generic English form

BLANKGENERICENGLISH = Blank Generic English form

GENERICSPANISH = Generic Spanish form

BLANKGENERICSPANISH = Blank Generic Spanish form

FO_LabInfo

This table contains a single row of values used to configure system functions.

Field	Type	Notes
LabInfo_ID	int	ID field, a counter. Unique
LabName	varchar (50)	Laboratory name for the login screen and reports
LabCode	varchar (20)	Code value for this lab.
LabAddress1	varchar (50)	Address field on reports.
LabAddress2	varchar (50)	Second address field on reports.
LabAddress3	varchar (50)	Third address field on reports.
LabAddress4	varchar (50)	Fourth address field on reports.
LabDirector	varchar (50)	Name of lab director on reports.
Misc1	varchar (50)	Login screen user defined field #1.
Misc2	varchar (50)	Login screen user defined field #2.
Misc3	varchar (50)	Login screen user defined field #3.
Misc4	varchar (50)	Login screen user defined field #4.
Misc5	varchar (50)	Login screen user defined field #5.
UseVerify	int	Enter the integer 1 Do NOT change without Rhodes approval.
UseMandatorySteps	int	Enter the integer 1 Do NOT change without Rhodes approval.

Field	Type	Notes
Barcode_Security	decimal (18, 2)	Enter the real number 1.00 Do NOT change without Rhodes approval.
Barcode_Xunit	decimal (18, 2)	Enter the real number 150.00 Do NOT change without Rhodes approval.
Barcode_Yunit	decimal (18, 2)	Enter the real number 5.00 Do NOT change without Rhodes approval.
Def_PtLocCode	varchar (20)	System-level default patient location code on the order screen. Enter a valid patient location code. This code is only used if no value is in the field when the order is saved.
Def_Epi_Days	int	Enter the integer 30 Do NOT change without Rhodes approval.
Epi_Ins_Options	varchar (100)	Populates Insurance option drop-down list on the Episode Definition screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid insurance codes separated by pipes. IE: |INS1|INS2|INS3|
Epi_BillTo_Options	varchar (100)	Populates Bill To option drop-down list on the Episode Definition screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid billto codes separated by pipes. IE: |P|C|I|
SO_Review_Days	int	System-level default number of days before a standing order expires and requires review. Enter an integer for the number of days. Used to calculate the number of days until standing order expiration. IE: 180 (is this calculated from collection date, create date or ??)

Field	Type	Notes
ResultSysURL	varchar (255)	URL to connect to a client-provided lab result portal. Enter a valid URL. The URL may contain place holders for user name and password for the client-provided lab system. IE: HTTP://LabPortal.com /#USERNAME#/#PASSWORD#
BlockMRLength	varchar (80)	Mask for MRN entry value. Multidimensional pipe delimited value, with leading and trailing pipes. Enter integers separated by pipes. Each number represents an MRN entry length that is NOT supported by the system. IE: |1|2|3|4|5|6|7|9|10|11|12|13|14| In this example, the MRN entry must be either 8 characters long or longer than 14 characters.
ADT_Interface	varchar (255)	Default value for the Outbound ADT system interface. Use Rhodes recommended value.
OE_Interface	varchar (255)	Default value for the Outbound OE system interface. Use Rhodes recommended value.
Result_Interface	varchar (255)	Default value for the Outbound RE system interface. Use Rhodes recommended value.
LogoImageFile	varchar (255)	The network path and file name for the logo file used on screen and report displays. Enter a valid network path and file name. The file must be a GIF or JPG image approximately 100x125 pixels. (for example: Images/reallyfinelogo.jpg ??) need leading or trailing slashes?
DefaultFacilityID	varchar (50)	System-level default facility ID code. Enter a valid facility ID code.
DefaultSpeciesCode	varchar (50)	Default species code. H = HUMAN

Field	Type	Notes
DefaultSpeciesName	varchar (50)	Default species name corresponding to the default species code. HUMAN
Def_ClientCode	varchar (50)	System-level default client ID code. Enter a valid client ID code.
DefOrdScreenReq	varchar (80)	System-level default requisition report name used when the **REQ** button on the order screen is clicked. Default used when the user-level value is not defined. Required value. Use Rhodes recommended value.
Callback_Callcode	varchar (50)	Value of "Call" for callback systems. Used when the **Call** button on the order screen phone definitions is clicked.
Callback_Faxcode	varchar (50)	Value of "Fax" for callback systems. Used when the **Fax** button on the order screen phone definitions is clicked.
MRNumGenerationRoutine	varchar (50)	Automatically generates an MRN number on the patient data screen. Use Rhodes recommended value. Typical value: ALPHA4NUMBER4
PasswordExpirationDays	int	Number of days before a user password expires and must be reset. Enter an integer for the number of days.
Def_AreaCode	varchar (50)	System-level default for area code. Enter an integer for a valid area code. Used on the patient demographic screen if area code is not provided. (when is it used on the screen -- at the time the user is working on the order or after the fact inserted into the record when the order is saved?)
AutoOrderCodeWhenCCDoc	varchar (50)	Used to order tests automatically when copy to physician is used on the order screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid order test codes separated by pipes.

Field	Type	Notes
MRNumMask	varchar (50)	Medical record number mask used to validate the MRN field on the order screen. Enter "#" to represent numbers and "@" to represent alpha characters. Typical value: @@@@####
CallToOrderCode	varchar (50)	Used in the mini window for call/fax to automatically order a test code when the **Call** button is clicked on the order screen. Use a valid order code. (valid order code or valid order test code or valid test code, what is the difference?)
FaxToOrderCode	varchar (50)	Used in the mini window for call/fax to automatically order a test code when the **Fax** button is clicked on the order screen. Enter a valid order code. (valid order code or valid order test code or valid test code, what is the difference?)
FastingOrderCode	varchar (50)	Used to automatically order a test if the fasting priority is selected at the order level on the order screen. The rule is activated at the time the **Verify** button is clicked. Enter a valid order test code. (valid order code or valid order test code or valid test code, what is the difference?)
PastOrderDays	int	Number of days back that the system will allow a user to date a new order. Enter an integer for the number of days. The collection date is evaluated and if the order is too old, a warning message will be displayed.
FutureOrderDays	int	Number of days in the future that the system will allow a user to date a new order. Enter an integer for the number of days. The collection date is evaluated and if the order is too far in the future, a warning message will be displayed.

Field	Type	Notes
ReqID_Mask	varchar (50)	Mask used to validate the requisition ID on the order screen. Enter "#" to represent numbers and "@" to represent alpha characters. Typical value: ######## This setting requires an 8 character numeric only entry.
ReqID_Exclude_Characters	varchar (80)	Defines the characters to exclude from the requisition ID value. Multidimensional COMMA delimited value. Enter the characters, separated by commas, that should be excluded from the requisition ID value on the order screen.
ReqID_Length_Range	varchar (50)	Represents the minimum and maximum number of characters allowed in the requisition ID field on the order screen. Enter two integers separated by a dash. Do not enter a value here if an edit mask is defined for the requisition ID field. If the value is set as '10-15', then an entry between 10 and 15 characters long is allowed.
DefaultPerformingLab	varchar (50)	System-level default performing lab code value. Enter a valid performing lab code value. Used to supply a performing lab code to the system when one is required and not provided by rules.
DefaultBatchDestination	varchar (50)	System-level default batch destination code. Enter a valid batch destination code. Used if not provided by rules for transport logic.

Field	Type	Notes
AccessionFormat	varchar (50)	Drives the routines that create unique FASTaccessions and container IDs. Use Rhodes recommended value. Allowed values: ENTRYGROUPCODE = use entry group code to derive format. 7SEQ = create a 7 character unique number 8SEQ = create a 8 character unique number 9SEQ = create a 9 character unique number 10SEQ = create a 10 character unique number 11SEQ = create a 11 character unique number 12SEQ = create a 12 character unique number
TestCompDupExcludeDept	varchar (50)	Defines the department codes to exclude from the test overlap/duplication logic during order entry. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid department codes separated by pipes. This value is used to exclude the list of department codes it represents from applying to the test overlap/duplication logic during order entry. Any department codes in this list will not be evaluated for test overlap. IE: |BB|MC|CY|PATH| If this field is blank, the system will default to |MC|BB|CY| and will exclude those departments from test overlap/duplication logic.

Field	Type	Notes
DisplayBDEFields	varchar (50)	Determines which fields to display in the blind duplicate entry screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter allowed values shown below separated by pipes. The default value of |ALL| may be used to display all fields. If this field is blank, the system will default to |ALL|. Allowed values: M = MRN N = patient name D = DOB S = gender T = telephone C = client L = location P = physician E = test related fields CC1 = copy to 1 CC2 = copy to 2 CC3 = copy to 3 CC4 = copy to 4 ADD = address fields
TestCompDupExcludeTests	varchar (500)	Defines the order codes to exclude from the test overlap/duplication logic during order entry. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid order codes separated by pipes. This value is used to exclude the list of order codes it represents from applying to the test overlap/duplication logic during order entry. Any order codes in this list will not be evaluated for test overlap.

Field	Type	Notes
SalesTaxUserLoc	varchar (100)	Defines the user locations and their corresponding sales tax to be used for price calculations on the payments screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid user location code - sales tax percent pairs separated pipes. Each value in a pair is separated by a dash. IE: |USERLOC1-6.5|USERLOC2-6|
LabAccessionAlphaCharacters	varchar (50)	Represents the letters used in the lab accession generation when FASTwill pre-generate it and send it to the LIS. Multidimensional pipe delimited value, with leading and trailing pipes. Enter single capital letters separated by pipes. IE: |A|Q|Z|
LabAccessionFormat	varchar (50)	Defines format for creation of lab accession values. Use Rhodes recommended value. IE: 1A,8N The format '1A,8N' generates lab accessions that are one alpha character followed by 8 numeric characters.
PaymentTypes	varchar (100)	Populates the payment type drop-down on the payment screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid payment type codes separated by pipes. IE: |CARD|CHECK|CASH|
PaymentCardTypes	varchar (100)	Populates the credit type drop-down on the payment screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid credit card type codes separated by pipes. IE: |AMEX|VISA|DINNERS|DEBIT|

Field	Type	Notes
AutoCCORDCode	varchar (50)	Default test code for the ordering physician when the rule is activated to order a test battery to hold the values of ordering and copy to codes. The system will automatically enter the physician code for the order if the answer test code matches this value. Enter a valid test code. Used to send the ordering / copy to physician values to a client as a test code in a lab report.
AutoCCccCode	varchar (50)	Default test code for copy to physician when the rule is activated to order a test battery to hold the values of ordering and copy to codes. The system will automatically enter the copy to codes for the order if the answer test code matches this value. Enter a valid test code.
CollectionLocations	varchar (500)	System-level default for collection location if not defined at the user level. Enter a valid collection location. Used to evaluate the collection location entered on the order screen. (does this 'evaluate' mean that the field will be filled in with this value if the field is blank when the record is saved? or what?)
CDCOrderEvalHours	int	Represents a number of hours. Enter an integer for the number of hours. Default is 0. Used to validate the collection date/time on the order screen when a previously created order is opened. If the order collection date/time is older than this value, the collection date/time field is cleared to allow the user to enter a new one.
PtRaceEntries	varchar (255)	Populates the race drop-down on the patient demographics screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid race codes separated by pipes.

Field	Type	Notes
PtEthnicityEntries	varchar (255)	Populates the ethnicity drop-down on the patient demographics screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid ethnicity codes separated by pipes.
FutureOrderSecsAutoReceive	int	Represents a number of seconds. Enter an integer for the number of seconds. If the collection date/time is in the future by more than this number of seconds, the accession is excluded from auto receive processes.
FutureOrderSecsNotTriggerLabels	int	Represents a number of seconds. Enter an integer for the number of seconds. If the collection date/time is in the future by more than this number of seconds, no label is produced.
CID_Prefix	varchar (50)	Prefix characters for ContainerID. Enter the character string to use as the prefix for ContainerIDs.
ExceptionExecFolder	varchar (255)	Pathway for CSTools installation. Enter a valid network path. (does this need leading or trailing slashes or need drive name etc?)
ExceptionExecutable	varchar (80)	File name for CSTools executable. Include ".exe" in the file name. (need or specifically do not include any slashes?)
OrderActionPhoneNumbers	varchar (255)	Designed for use in TEST area. Multidimensional pipe delimited value, with leading and trailing pipes. Enter phone numbers, separated by pipes, to limit user's choice of entry. (what is the format for the phone numbers? include dashes, parenthesis, etc?) and are these phone numbers then the only phone numbers that the user can enter, do they populate a drop-down or anything?

Field	Type	Notes
RecognizedPrefixes	varchar (255)	Defines the prefixes to remove from patient last name in patient matching rules. Storage of prefixes depends on permission. Multidimensional pipe delimited value, with leading and trailing pipes. Enter patient last name prefixes that should be removed from patient last names via matching rules. Enter prefixes separated by pipes.
RecognizedSuffixes	varchar (255)	Defines the suffixes to remove from patient last name in patient matching rules. Storage of suffixes depends on permission. Multidimensional pipe delimited value, with leading and trailing pipes. Enter patient last name suffixes that should be removed from patient last names via matching rules. Enter suffixes separated by pipes.
OrderCollectLocationTypes	varchar (255)	Populates the collection (location?) type drop-down on the patient collection location screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid collection (location?) type codes separated by pipes.
SendOrderForFPCancelToLIS	bit	Bit flag to indicate if FAST should trigger a new order message before a cancel message when sending cancellation to LIS. This would only be true for orders that have not been previously sent to the LIS or have originated in LIS. The system will evaluate both of these conditions by checking to see if the `IFTriggerUpdate` field has been filled at the test level. Enter 0 or 1 0 = do not trigger NW order before cancel 1 = trigger NW Order before sending cancel

Field	Type	Notes
TriggerCancelCDCOutbound	bit	Bit flag to indicate if FAST should trigger cancellation messages to the outbound CDC interface for orders where `FO_Accessions.Origin` equals 'C' or 'T'. Enter 0 or 1 0 = do not trigger cancellation messages to outbound CDC 1 = trigger cancellation messages to outbound CDC
TDC_In_Interfaces	varchar (255)	Interface code for Trusted Data Concentrator inbound interface. Code is written to the interface code field when a trigger row is written by FAST. It must match what is expected for interface to function.
TDC_Out_Interfaces	varchar (255)	Interface code for Trusted Data Concentrator outbound interface. Code is written to the interface code field when a trigger row is written by FAST. It must match what is expected for interface to function.
CDC_In_Interfaces	varchar (255)	Interface code for Client Data Concentrator inbound interface. Code is written to the interface code field when a trigger row is written by FAST. It must match what is expected for interface to function.
CDC_Out_Interfaces	varchar (255)	Interface code for Client Data Concentrator outbound interface. Code is written to the interface code field when a trigger row is written by FAST. It must match what is expected for interface to function.
CDC_OUT_Cancel_Order_Control	varchar (50)	Cancellation order control to be used in FO_IF_Trigger_CDCOutbound. OrderControl when FAST writes a cancellation trigger. Enter OC or CA Code is written to the trigger table when a trigger row is written by FAST.

Field	Type	Notes
RecentPatientSearchType	varchar (50)	Default RECENT PTS search type. Enter an allowed value. Allowed values: USERLOCATION ENTRYGROUPCODE PTACCESSGROUP MPI
RecentPatientSearchDays	varchar (50)	Default number of days to evaluate for recent activity. Enter an integer for the number of days. Used with RECENT PTS search option. Based on edit date not create date.
UseInterfaceTriggerService	bit	Bit flag to indicate if FASTshould enable FASTInterface Trigger Layer. Used in conjunction with FASTInterface Trigger Process Service. Enter 0 or 1 0 = do not use trigger layer (FASTwill continue to write to trigger table) 1 = use FASTInterface Trigger Layer and FASTInterface Trigger Process Service (started configured and separately) (A background service for creating application to interface subsystem triggers. When this is set the application writes general triggers for the background job to process in the table `FO_IF_AppTrigger_Queue`. The background job then creates the explicit table updates and the triggering to the `FO_ID_Trigger table`.)
ProvCodesTriggerFreeText	varchar (255)	Defines provider codes for which a freetext provider name is allowed. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid provider codes separated by pipes.

Field	Type	Notes
UseClientDrivenOrderScreen	bit	Bit flag to indicate if client-driven order screen is default order screen. Enter 0 or 1 0 = use original FASTorder screen 1 = use client-driven order screen
UnknownCollectDate	date	Date sent to LIS when Unknown Collection box is checked. Enter collect date as MM/DD/YYYY format.
UnknownCollectTime	varchar (50)	Time sent to LIS when Unknown Collection box is checked. Enter collect time as HH:MM 24-hour format.
SpecimenPresentsDefTechCode	varchar (50)	Default tech code for collection tech in the Specimen Presents mode. Enter a valid tech code.
MaxOrderCopyToProvs	varchar (50)	Defines the maximum number of 'Copy To' providers allowed per order. Enter an integer from 0 to 10.
FPtoRREInterfaceCode	varchar (50)	Interface code for the Fast to RRE interface service. Enter a valid interface code.
LabRegionCode	varchar (50)	Connects a lab code to a larger organization charting process. Enter a valid region code as defined in an organizations chart.
LabDivisionCode	varchar (50)	Connects a lab code to a larger organization charting process. Enter a valid division code as defined in an organizations chart.
LabSubDivisionCode	varchar (50)	Connects a lab code to a larger organization charting process. Enter a valid sub-division code as defined in an organizations chart.
DefaultFeeSchedule	varchar (80)	Default fee schedule for multiple fee schedule implementations. (are there any allowed values here, what should be entered?)

Field	Type	Notes
DefaultFeeScheduleOption	varchar (80)	Default option in the default fee schedule for multiple fee schedule implementations. (are there any allowed values here, what should be entered?)
WorkFlowMethods	varchar (255)	Workflow methods used by the site. Populates the workflow method drop-down on the integrated search page. Multidimensional pipe delimited value, with leading and trailing pipes. Enter one or more allowed values separated by pipes. Allowed values: PATIENT PRESENTS SPECIMEN PRESENTS INDUSTRIAL TOX
DefaultWorkFlowMethod	varchar (50)	System-level default workflow. Overridden by a user location or user-defined default workflow. Enter an allowed value. Allowed values: PATIENT PRESENTS SPECIMEN PRESENTS INDUSTRIAL TOX
ITOXDefProviderCode	varchar (50)	Default provider code for orders placed while in ITOX workflow. Enter a valid provider code.
ITOXDefICDCodeq	varchar (50)	Default diagnosis code for orders placed while in ITOX workflow. Enter a valid diagnosis code.
PatientFeeSchedule	varchar (80)	Default fee schedule code applied to FASTaccessions labeled with a `billto` value of 'Patient/Guarantor'. Enter a valid fee schedule code. (are there any allowed values here, what should be entered?)

Field	Type	Notes
PatientFeeScheduleOption	varchar (80)	Default fee schedule option applied to FASTaccessions labeled with a `billto` value of 'Patient/Guarantor'. Enter valid fee schedule option. (are there any allowed values here, what should be entered?)
CashFeeSchedule	varchar (80)	Default fee schedule code applied to FASTaccessions labeled as 'Bill to Cash'. Enter a valid fee schedule code. (are there any allowed values here, what should be entered?)
CashFeeScheduleOption	varchar (80)	Default fee schedule option applied to FASTaccessions labeled as 'Bill to Cash'. Enter a valid fee schedule option. (are there any allowed values here, what should be entered?)
PaymentReceiptExternalFormCode	varchar (50)	The form code from `FO_External_Form_Definition`. ExternalFormCode that can be used to show a user-customized SSRS-based payment receipt form.
PtDefaultDOB	date	Default DOB. Enter DOB as MM/DD/YYYY format.
BatchListRPTExternalFormCode	varchar (50)	The form code from `FO_External_Form_Definition`. ExternalFormCode that can be used to show a user-customized SSRS-based Batch List form. Leave blank to use the default report.
DispatchListRPTExternalFormCode	varchar (50)	The external form code for the dispatch list user custom report. (what should be entered here? something the user makes up or a code from somewhere else?)

FO_LISxHIS

Fee Schedule Table

This table contains records that cross-reference a test code to one or more CPT codes and its price. It is used in both medical necessity and fee schedule related rules.

Each test code defined here represents an orderable component where CPT should be cross-referenced. It may be a battery code, single test code or package code. The system will only evaluate this code as a one-to-one with each code entered on the order screen, at the time of entry by the user.

Each record represents a single test code and CPT code pair. If a test has more than one CPT code, then multiple records must be defined.

Field	Type	Notes
LISCode	varchar(50)	LIS test code. Enter a unique code.
TestName	varchar(255)	Test name. Enter a test name.
Schedule	varchar(80)	Fee schedule code. Enter a valid fee schedule code.
Billing_Option	varchar(80)	Billing option code. Enter a valid billing option code. The billing option for a fee schedule code.
Billing_Code	varchar(80)	Company billing code (CDM). Enter a valid company billing code. This is not the CPT code.
Price	varchar(50)	Price. Enter a price as a currency format #,###.## (true?)
CPT	varchar(50)	CPT code. Enter a valid CPT code.
LISxHIS_ID	int	ID field, a counter. Unique
PercentDiscount	int	Percent discount on price when paid by cash. Enter an integer for the percent discount. Discounts the price at the time a test is ordered if the Bill To is CASH.

Field	Type	Notes
CreateDate	datetime	System timestamp when record is created. Informational
EditDate	datetime	System timestamp when record is edited. Informational

FO_MergeTable_Definitions

Table used to establish alias/cross reference of data elements for merge process since same data element might be posted to multiple tables.

Field	Type	Notes
MergeTables_ ID	int	ID field, a counter. Unique
Active	bit	Bit flag to indicate if this record is active. Enter 0 or 1 0 = inactive (FALSE) 1 = active (ACTIVE)
TableName	varchar (50)	Enter a valid database table name.
PT_ID	varchar (50)	Enter a valid column name for patient row identifier. Do not enter a column name that is a table's primary key, for example, for the `FO_ Acc_Pts` or `FO_Patients` tables.
FOID	varchar (50)	Enter a valid column name for FOID.
MRN	varchar (50)	Enter a valid column name for MRN, medical record number.
MRNHID	varchar (50)	Enter a valid column name for MRN/Facility ID.
Acct	varchar (50)	Enter a valid column name for account.
EpisodeID	varchar (50)	Enter a valid column name for episode ID. Do not enter a column name that is a table's primary key, for example, for the `FO_ Episodes` table.
LIS_Episode	varchar (50)	Enter a valid column name for lab system episode number.
SSN	varchar (50)	Enter a valid column name for social security number.
PtName	varchar (50)	Enter a valid column name for patient name.
PtDOB	varchar (50)	Enter a valid column name for patient date of birth.

Field	Type	Notes
PtGender	varchar (50)	Enter a valid column name for patient gender.
UniqueAcc	varchar (50)	Enter a valid column name for unique accession number.
Accession	varchar (50)	Enter a valid column name for FAST accession number.
LabAcc	varchar (50)	Enter a valid column name for lab accession number.
PIDX	varchar (50)	Enter a valid column name for lab system internal patient identifier.
ORDX	varchar (50)	Enter a valid column name for lab system internal order identifier.
FacilityID	varchar (50)	Enter a valid column name for facility ID.
CreateDate	datetime	Date record was created. Informational
EditDate	datetime	Date record was last edited. Informational
Last_Name	varchar (50)	Enter a valid column name for patient last name.
First_Name	varchar (50)	Enter a valid column name for patient first name.
MI	varchar (50)	Enter a valid column name for patient middle initial.

FO_MPI_Qualifier

This table allows for the definition of MPI qualifier codes. Each MPI qualifier code represents an external system identifier (ID) that defines a unique ID for that system. Essentially it represents the HL7 assignment authority concept.

Each record in this table represents a single MPI qualifier code. Typical use of this table is to create a system ID for each EMR and HIS system that will send data through the FASTdata concentrator interfaces.

The MPI qualifier code is used by several logic rule sets in the system. The FO_MPI table is the central patient cross reference table where an MPI Qualifier Code is cross referenced to outside patient IDs. The `FO_IF_Translations` table allows the user to translate external parameter, or maintenance, values based on qualifier code values.

Field	Type	Notes
MPI_Qualifier_ID	int	ID field, a counter. Unique
Qualifier	varchar (50)	Enter a unique qualifier code.
EntryGroupCode	varchar (50)	Entry group code if one is assigned to this qualifier. Enter a valid group code.
Description	varchar (255)	Name or description of this qualifier code.
DefaultProviderCode	varchar (50)	Default provider code if an external entry is received and a cross reference is not found in the `FO_IF_Translations` table. Enter a valid provider code.
DefaultClientCode	varchar (50)	Default client code if an external entry is received and a cross reference is not found in the `FO_IF_Translations` table. Enter a valid client ID.
DefaultPtLocCode	varchar (50)	Default patient location code if an external entry is received and a cross reference is not found in the `FO_IF_Translations` table. Enter a valid patient location code.
DefaultInsuranceCode	varchar (50)	Default insurance code if an external entry is received and a cross reference is not found in the `FO_IF_Translations` table. Enter a valid insurance code.
DefaultTestCode	varchar (50)	Default test code if an external entry is received and a cross reference is not found in the `FO_IF_Translations` table. Enter a valid test code.

Field	Type	Notes
DefaultBillToCode	varchar (50)	Default bill to long code if an external entry is received and a cross reference is not found in the FO_IF_Translations table. Enter a valid bill to long code. Valid long codes are: Client Your Office Insurance Skilled Nursing Worker's Comp. Insurance (Non Skilled) Medicare A (Skilled) Auto Accident Not Specified Patient/Guarantor Cash Payment No Charge Skilled Nursing Auto Accident
DoNotAllowEditPtLoc	bit	Bit field to determine if patient location code can be edited for this MPI Qualifier. Enter 0 or 1 0 = allow edit of patient location on the order screen 1 = do not allow edit of patient location on the order screen
CreateDate	datetime	Date record was created. Informational
EditDate	datetime	Date record was edited. Informational
EditUserName	varchar (50)	User who created record. Informational
SendProviderOnInterface	bit	Informational (any more info to add here?)

Field	Type	Notes
RequiresExternalEpisodeID	bit	Bit field to determine if external episode ID is required for this MPI Qualifier. Enter 0 or 1 0 = external episode ID is not required 1 = external episode ID is required Works with permission chkmpireqcv [Orders Module].
UseForCDCOutboundProcessing	bit	Bit field to determine if CDC Outbound processing is used for this MPI Qualifier. Enter 0 or 1 0 = do not use CDC Outbound processing 1 = use CDC)utbound processing Client-level definitions are defined in the `FO_CDC_Out-bound_Filter` table.
MPIType	varchar (50)	Informational (any more info to add here?)
RequiresClientPtID	bit	Bit field to determine if ClientPtId, the CInt Pt ID field, on the order screen is required for this MPI Qualifier. Enter 0 or 1 0 = ClientPtId is not required 1 = ClientPtId is required
DoNotAllowEditProvCode	bit	Bit field to determine if provider code can be edited for this MPI Qualifier. Enter 0 or 1 0 = allow edit of provider code on order screen 1 = do not allow edit of provider code on order screen if field is populated If this value is 1 and if the provider code is blank on the order screen, user can enter and modify a provider code and save the record. Once the record has been saved, no additional edits can be made to the provider code on the order screen.

Field	Type	Notes
DoNotAllowEditClientCode	bit	Bit field to determine if client ID can be edited for this MPI Qualifier. Enter 0 or 1 0 = allow edit of client ID on order screen 1 = do not allow edit of client ID on order screen if field is populated If this value is 1 and if the client ID is blank on the order screen, user can enter and modify a client ID and save the record. Once the record has been saved, no additional edits can be made to the client ID on the order screen.
DoNotAllowEditClientPtID	bit	Bit field to determine if ClientPtId, the CInt Pt ID field, can be edited for this MPI Qualifier. Enter 0 or 1 0 = allow edit of ClientPtId on order screen 1 = do not allow edit of ClientPtId on order screen if field is populated If this value is 1 and if the field is blank on the order screen, user can enter and modify a ClientPtId and save the record. Once the record has been saved, no additional edits can be made to the ClientPtId on the order screen.
DoNotAllowEditExternalEpisodeID	bit	Bit field to determine if ExternalEpisodeId can be edited for this MPI Qualifier. Enter 0 or 1 0 = allow edit of ExternalEpisodeId on order screen 1 = do not allow edit of ExternalEpisodeId on order screen if field is populated If this value is 1 and if the field is blank on the order screen, user can enter and modify an ExternalEpisodeId and save the record. Once the record has been saved, no additional edits can be made to the ExternalEpisodeId on the order screen.
RequiresReqID	bit	Bit field to determine if ReqId, requisition ID, is required for this MPI Qualifier. Enter 0 or 1 0 = ReqId is not required 1 = ReqId is required

Field	Type	Notes
DoNotAllowEditReqID	bit	Bit field to determine if ReqID can be edited for this MPI Qualifier. Enter 0 or 1 0 = allow edit of ReqID on order screen 1 = do not allow edit of ReqID on order screen if field is populated If this value is 1 and if the field is blank on the order screen, user can enter and modify a ReqID and save the record. Once the record has been saved, no additional edits can be made to the ReqID on the order screen.
UpdatePatientExternalVisits	bit	Bit field to determine if Patient External Visits table, `FO_Patient_External_Visits`, is updated for this MPI Qualifier. Enter 0 or 1 0 = do not update Patient External Visit Table 1 = update Patient External Visit Table
ExcludeFromMPIPtMatching	bit	Bit field to determine if MPI Qualifier is excluded from patient matching. Enter 0 or 1 0 = use in patient matching 1 = exclude from patient matching **Future Use**
ReTriggerODCResultsPrecedingOrder	bit	Bit field to determine if ODC result messages is retriggered if it originally was sent before order messages. Enter 0 or 0 = result messages are not retriggered 1 = result messages are retriggered if order message was sent after initial result message
PreserveCollDatePtPresents	bit	Bit field to determine if MPI Qualifier should preserve the collection date in message the first time a TDC/CDC order is opened, when processed in patient presents workflow. Enter 0 or 1 0 = do not preserve collection date 1 = preserve collection date

Field	Type	Notes
PreserveCollDateSpecPresents	bit	Bit field to determine if MPI Qualifier should preserve the collection date in message the first time a TDC/CDC order is opened, when processed in specimen presents workflow. Enter 0 or 1 0 = do not preserve collection date 1 = preserve collection date
SendForeignOBR2OnLISOutbound	bit	Bit field to determine if MPI Qualifier should send foreign OBR2 value in LIS Outbound interface. Enter 0 or 1 0 = do not send foreign OBR2 value 1 = send foreign OBR2 value
UsePtLocFromExtVisits	bit	Bit field to determine if MPI Qualifier uses the patient location from external visits. Enter 0 or 1 0 = do not use patient location from external visits 1 = use patient location from external visits
ICD9CodingMethod	varchar (50)	*** NEED DEFINITION ***
ICD10CodingMethod	varchar (50)	*** NEED DEFINITION ***
RequireProvNPIonSubstitution	bit	Instructs interfaces to use Provider NPI codes on SWAP logic.
TimeZone	varchar (50)	*** NEED DEFINITION ***
ApplyParentFillerIdsToAutoOrders	bit	*** NEED DEFINITION ***
SourceSystemFacilityID	varchar (50)	Source system facility ID or HID. Enter a valid facility ID or HID. Helps discriminate an order by the HID from which it originates.

FO_QA_AnswerGroup

Need the info for the FO_QA_AnswerGroup.UseCodeTypesForSearch field and its relationship to the FO_Dictionary.Type field.

This table contains definition of items within a particular answer group. Each record is a unique answer group and list item pair.

Field	Type	Notes
AnswGrp_ID	decimal (18, 0)	ID field, a counter. Unique
AnswerGroup	varchar (50)	Enter a unique answer group code.
Choice	varchar (100)	Entry for this answer group code. Entry can be made in the format: EnglishtextCode^Description For this example, if a valid English text code for the LIS is used, both coded elements are sent to the LIS. If the code is EnglishtextCode, FAST interfaces will send the English text code without description as a coded element to the LIS. If the code is Description, FAST interfaces will send the description only as a coded element to the LIS. No carat character is required when the code is a single value, EnglishtextCode or Description.
Seq	int	Order, or sequence, for this answer. Enter an integer.

FO_Test_QA

Test Question / RESOE Definition

This table contains definitions of question/answers for test orders (RESOE). It is used to define question test codes that are assigned to particular test code. Each question then may have one or more answers.

Each record in this table represents an order test code and question code pair.

Field	Type	Notes
TestQA_ID	decimal (18, 0)	ID field, a counter. Unique
TestCode	varchar (50)	Test Code for this question. Enter a valid orderable test code.
QACode	varchar (50)	QA (question/answer) code for this question. Enter a unique QA (question/answer) code. This code can be used again for a different test code but must be unique within each test code. This code may be the same as used in the LIS.
Question	varchar (200)	Enter the question.
AnswerGroup	varchar (50)	Enter the answer or an answer group code. If a list of answers is required, then enter the answer group code defined in the `FO_QA_Answergroup`.

Field	Type	Notes
AnswerType	varchar (20)	Type of answer. Enter an allowed value. Allowed values: TEXT or skip this entry = a sequence of alphanumeric characters; can be mix of codes, and or free text. CODE^Description format is allowed. LIST = a list of items. And AnswerGroup code is required. For code-driven RESOE, only list items will be acceptable choices NUMERIC = a number (is it NUMERIC or NUMBER as indicated for the code-driven value?? or is NUMERIC valid for RESOE and NUMBER for code-driven RESOE?) For code-driven RESOE: see more information below - need to write stuff Code = Code from `FO_Dictionary` or list; allows search in `FO_Dictionary` Date = valid date Date Time = valid date / time entry
FreeTextLen	int	Represents the maximum number of characters that can be entered in a free-text, TYPE = TEXT, field. Enter an integer.
Mandatory	int	Determines if an answer to the question is mandatory before the order can be finished. Enter 0 or 1 0 = not mandatory 1 = mandatory
DefaultAnswer	varchar (50)	Default answer for this question. Automatically used as an answer. User may override the answer.

Field	Type	Notes
EditMask	varchar (255)	Edit Mask for TEXT answer type only. Enter one or more allowed values. # = numeric character @ = text character IE: @### represents one letter and 3 numbers
UserInstructions	varchar (80)	Instructions for TEXT answer type only. Enter instructions to be displayed if user's answer violates the edit mask.
TreatMaskAsNumberValue	varchar (1)	Determines if the question's edit mask evaluates as a numerical value. Used for TEXT answer type only. Enter Y or N Y = treat numeric entry as a value N = do not treat as a value Used for clarification when a numeric edit mask is assigned to an answer. If set to 'Y', the system evaluates the value of the number entered. For example, if a '###' three character edit mask allows values of 0 - 999. If the value entered is 20, the system will allow it since it is less than the highest possible value of '999'.
Sequence	int	Order, or sequence, in which this question is presented in the series of questions for this test code. Enter an integer.
ValidateListItem	varchar (50)	Determines if this item should be validated. Used when TYPE = LIST Enter 0 or 1 0 = do not validate 1 = validate If the item should be validated and a value is entered that is not in the list, a warning will be displayed.

Field	Type	Notes
Send2Components	bit	Bit flag that determines if both the code and description should be sent when available. Default is 0 Enter 0 or 1 0 = send only the code for OBX 1 = send both the code and the description Indicates if both the code and description should be sent when available. This overrides the interface setting to only send code for OBX.
UseCodeTypesForSearch	varchar (500)	Limits `FO_Dictionary` search on code-driven RESOE Screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid codes separated by pipes. Codes should match values in the `FO_Dictionary.Type` field.

FO_Tests

Basic test definitions.

This table requires a single record for each test code. Its purpose is to provide the basic definitions for each test.

Field	Type	Notes
Tests_ID	int	ID field, a counter. Unique
TestCode	varchar (50)	Enter a unique test code which corresponds to the LIS test code sent across the interfaces.
TestName	varchar (255)	Name for the test.
AltName	varchar (255)	A list of words used to search for this test. Separate each word with a space. The system typically does a "like" search so multiple values can be matched.
TestType	varchar (255)	Type of test. Enter an allowed value. Allowed values: TEST = single test code BAT = battery code PKG = package code
Orderable	varchar (255)	Determines if the test is orderable or billable. Enter an allowed value. Allowed values: Y = orderable N = not orderable B = billable test

Field	Type	Notes
AnswerAtOrder	varchar (255)	Determines status of answeratorder. Enter an allowed value. Allowed values: Y = yes N = no M = mandatory Informational
LabDept	varchar (255)	Enter a valid lab department code.
PerformingLab	varchar (255)	Enter a valid performing lab code. Informational
Test_Bat_in_Pkg	varchar (255)	Represents the tests and battery test codes within a package. Critical field for package test overlap logic. Multidimensional comma delimited value. Enter valid test codes separated by commas. If the package contents are not orderable, consider making them orderable so overlapping logic will not fail. IE: ,NA,K,CBC, (are there really leading and trailing commas here? should there be for the other few fields that are comma delimited??)
Components	varchar (800)	Represents the test codes portion of a battery. Critical field for test overlap logic. Multidimensional comma delimited value. Enter valid test codes separated by commas. If the components are not orderable, consider making them orderable so overlapping logic will not fail. IE: ,NA,K,CL,

Field	Type	Notes
ContainerCode	varchar (255)	Default container code for this test. Enter a valid container code. Used to combine or separate tests to a container ID or accession depending on rules. Critical field for container processing. If container rules will not be used it's an informational component to assist with specimen collection.
ContainerType	varchar (255)	Name for the container code.
SpecimenCode	varchar (255)	Specimen code for this test. Enter a valid specimen code as found in the `FO_Types_Specimen` table.
SpecimenType	varchar (255)	Represents the specimen code description. Specimen code name for this test.
StorageCode	varchar (255)	Storage code. Enter a valid storage code as found in the `FO_Types_Container` table.
StorageType	varchar (255)	Description for the storage code.
Volume	varchar (255)	Minimum volume required for this test collection in ML.
Instructions	varchar (4000)	Collection instructions for the person obtaining the specimen. If the test includes a URL link beginning with HTTP as the last line, the system will enable a web link when the field on the order screen is selected, or clicked into. (what last line, in what db field??, any more to be said to clarify the reference to a 'last line' and how/where the web link is enabled?)
Comments	varchar (255)	Default comments for this test.
DisplaySequence	varchar (255)	Future use
Send_to_LIS	int	Determines if the test should be transmitted on outbound interfaces. Enter 0 or 1 0 = do not send test 1 = send test

Field	Type	Notes
Req_Dept	varchar (50)	Used to create separate requisitions for test groups when the **REQ** button on the order screen is clicked. Enter a valid code to indicate that this test should be separated from other tests of different codes when printing a requisition. Typically used to group pathology, micro and other specialty tests as separate requisitions. (what kind of code should be entered here?)
SpeciesCode	varchar (50)	Default species code for which this test should be run. Enter a valid species code.
TestInfo	text	Test related information which may be displayed when the **Instruction** button on the order screen test list is clicked.
ViewByLabOnly	varchar (255)	Determines if lab user can define a test. Enter Y or N Y = lab only N or skip this entry = everyone Used to separate some tests so they are only searchable by lab staff.
LabPopup	varchar (255)	Test specific message displayed by FAST when this test is ordered. Enter a message for display. This field is meant for lab use only.
ClientPopup	varchar (255)	Test specific message displayed by FAST when this test is ordered. Enter a message for display. This field is meant for client use only.
AutoOrder	varchar (255)	Defines the list of test codes that will automatically be ordered when this test code is ordered. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid test codes separated by pipes.
AltTestCode	varchar (255)	Second test code for this test. The system will check for both the test code and this code when it is entered on the order screen.

Field	Type	Notes
Active	varchar (255)	Determines if this test code is active and therefore searchable on the order screen. Enter Y or N Y or skip this entry = yes N = not active
ResultUnits	varchar (4000)	Units for this test. Informational
Sensitive	varchar (255)	Indicates if the test is sensitive. Enter Y or N N or skip this entry = no Y = yes
AutoAnswerAtOrder	varchar (4000)	Informational (any other info we can give here, like what to enter in this long field?)
InterfaceCode	varchar (255)	Default interface code for this test. Enter a valid interface code. Skip this entry to use the system-level default.
Billable	varchar (255)	Determines if this test code is billable. Enter Y or N Y or skip this entry = yes N = no
PercentDiscount	int	Defines the percent discount applied for this test when CASH is chosen as the Bill To on the payment screen. Enter an integer for the percent discount.
PerfLabAssignByINS	varchar (500)	Defines the list of performing labs to activate the performing lab rule set. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid performing lab codes separated by pipes. See performing lab module for more information.
OrderComment	varchar (80)	Default test order comment.

Field	Type	Notes
ExplodePackage	varchar (50)	Determines if a package code should be split into its constituents at time of order. This rule executes at the time a test is ordered on the order screen. Enter Y or N Y = explode package N or skip this entry = do not explode package
ExcludeFromUnverified	varchar (1)	Determines if a test code should be excluded from the report that lists unverified tests. Enter Y or N Y = exclude test code N or skip this entry = do not exclude test code
UserLocationPriority	varchar (255)	Determines test priority to default to a user location at the time a test is ordered. Multidimensional pipe delimited userlocation=priority pairs, with leading and trailing pipes. Enter valid user location code = valid priority code pairs separated by pipes. Value 1 = user location code Value 2 = priority code IE: |USERLOC1=S|USERLOC2=T| In this example the system will default the test priority to STAT if the user's location is USERLOC1 at the time the test is ordered.
InsCodeForTestInsRules	varchar (500)	Used in insurance specific rules to mark a test as payable or not by an insurance. Defines a list of insurance codes for which this test should be checked for rules. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid insurance codes separated by pipes. Enter |ALL| to check for insurance specific rules for this test for any insurance.

Field	Type	Notes
LISAccGrpCode	varchar (50)	Determines how the system should group tests to a lab accession if the rule for single container per lab accession is NOT used. Enter a valid grouping code. This grouping code will allow the system to group multiple containers in a single lab accession. Should be considered for sites where the LIS accepts a container ID (CID) separately from the lab accession.
PerfLabTestGroup	varchar (3000)	Defines the list of test group code that direct where the test is performed. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid test group codes separated by pipes. Used as part of the performing lab rules.
ConvertByMPI	varchar (50)	Conversion value for numeric result in CDCInterface. Enter either KGStoLB or LBStoKG The value used in conversion is defined in the CDC interface. (is this rewrite correct?)
CreateDate	datetime	System timestamp when record is created. Informational
EditDate	datetime	System timestamp when record is edited. Informational
ExcludeFromNotInBatchRpt	bit	Bit flag that determines if test can appear on reports that show tests not yet batched. Skip this entry so test can appear on reports. Enter 0 or 1 or skip this entry 0 or skip this entry = test can appear on reports that show tests not yet batched 1 = test is excluded from reports that show tests not yet batched Used to exclude tests that are not important for batching like comment tests and RESOE tests so user does not have to troubleshoot as many items.
TestPerfLabCodeList	varchar (2000)	Populates drop-down list of performing lab codes, for this test, on the order screen, based on permission. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid performing lab codes separated by pipes.

Field	Type	Notes
FinTestCodes	varchar (500)	Alternative test code(s) sent in Billing files instead of the lab code. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid test codes separated by pipes.
ABNEnglishFreqMessage	varchar (255)	Alternative ABN message utilized when test fails Medical Necessity rules for reason of FREQUENCY. Default message will be used if this field is blank. This message should be for ENGLISH form.
ABNSpanishFreqMessage	varchar (255)	Alternative ABN message utilized when test fails Medical Necessity rules for reason of FREQUENCY. Default message will be used if this field is blank. This message should be for SPANISH form.
ABNEnglishExperimentalMessage	varchar (255)	Alternative ABN message utilized when test fails Medical Necessity rules for reason of EXPERIMENTAL. Default message will be used if this field is blank. This message should be for ENGLISH form.
ABNSpanishExperimentalMessage	varchar (255)	Alternative ABN message utilized when test fails Medical Necessity rules for reason of EXPERIMENTAL. Default message will be used if this field is blank. This message should be for SPANISH form.
ABNEnglishDiagnosisMessage	varchar (255)	Alternative ABN message utilized when test fails Medical Necessity rules for reason of DIAGNOSIS. Default message will be used if this field is blank. This message should be for ENGLISH form.
ABNSpanishDiagnosisMessage	varchar (255)	Alternative ABN message utilized when test fails Medical Necessity rules for reason of DIAGNOSIS. Default message will be used if this field is blank. This message should be for SPANISH form.
LabCode	varchar (50)	Lab code for this test code. Enter a valid lab code.
SourceSystem	varchar (50)	The test definition system/vendor/version ID. Enter a valid system/vendor/version ID. Connects to the organization source system definitions.
RequireAddionalDemographics	bit	Future Use

Field	Type	Notes
RequireOrderGuardian	bit	Bit flag to determine if guardian information is required on the order screen. Enter 0 or 1 or skip this entry 0 or skip this entry = guardian information is not required 1 = guardian information is required
RequireOrderGuardian16	bit	Bit flag to determine if guardian information is required on the order screen for patients younger than 16 years old. Enter 0 or 1 or skip this entry 0 or skip this entry = guardian information is not required for patients younger than 16 years old 1 = guardian information is required for patients younger than 16 years old
RequireOrderAddress	bit	Bit flag to determine if patient address is required on the order screen. Enter 0 or 1 or skip this entry 0 or skip this entry = patient address is not required 1 = patient address is required
RequireOrderEthnicity	bit	Bit flag to determine if ethnicity is required on the order screen. Enter 0 or 1 or skip this entry 0 or skip this entry = ethnicity is not required 1 = ethnicity is required
RequireOrderRace	bit	Bit flag to determine if race is required on the order screen. Enter 0 or 1 or skip this entry 0 or skip this entry = race is not required 1 = race is required
RequireOrderEmployer	bit	Bit flag to determine if employer data is required on the order screen. Enter 0 or 1 or skip this entry 0 or skip this entry = employer data is not required 1 = employer data is required
RequireOrderLMP	bit	Bit flag to determine if LMP data is required on the order screen. Enter 0 or 1 or skip this entry 0 or skip this entry = LMP data is not required 1 = LMP data is required

Field	Type	Notes
RequireOrderOccupation	bit	Bit flag to determine if patient occupation data is required on the order screen. Enter 0 or 1 or skip this entry 0 or skip this entry = patient occupation data is not required 1 = patient occupation data is required
RequireOrderEmployer16	bit	Bit flag to determine if employer data is required on the order screen for patients younger than 16 years old. Enter 0 or 1 or skip this entry 0 or skip this entry = employer data is not required for patients younger than 16 years old 1 = employer data is required for patients younger than 16 years old
RequestOrderEmployer16	bit	Bit flag to determine if employer data is requested on the order screen for patients younger than 16 years old. Enter 0 or 1 or skip this entry 0 or skip this entry = employer data is not requested for patients younger than 16 years old 1 = employer data is requested for patients younger than 16 years old
RequireOrderOccupation16	bit	Bit flag to determine if patient occupation data is required on the order screen for patients younger than 16 years old. Enter 0 or 1 or skip this entry 0 or skip this entry = patient occupation data is not required for patients younger than 16 years old 1 = patient occupation data is required for patients younger than 16 years old
AskUserForWorkLoadCode	bit	Bit flag to determine if user is prompted to enter workload method. Enter 0 or 1 or skip this entry 0 or skip this entry = user is not prompted to enter workload method 1 = user is prompted to enter workload method

FO_Users

[last update to this table: 04-06-2016]

Each record in this table represents a single user. The core component of these entries is the user name and the value must be a unique entry in this table. The user name may be the user's network id or an arbitrary name assigned by the administrator. The system is able to automatically check for the network user name that is logged in to the windows session and default it in the user login screen.

Field	Type	Notes
UserName	varchar (50)	Enter a unique name for this user. May be the network user name or ID for that user. A person may have more than one user name, each with a different set of permissions or locations for example.
UserPassword	varchar (50)	Enter a password for first-time log in. If the password is not encrypted, the user will be required to enter a new password which will then be encrypted by the system. Not used if the auto-login feature is utilized.
FacilityID	varchar (50)	Default facility ID. Enter a valid facility ID. May be the same as HID.
FullName	varchar (80)	Enter user's full name using a convention assigned by the administrator. IE: John Doe
EntryGroupCode	varchar (50)	A code assigned by the administrator. Enter a group code, preferably only 3-5 characters. Skip this entry if the system will only contain lab users who have access to all patients. Used to group users together so the system can assign properties to them. Primarily used to assign users to patients and only allow them to access those patients for data entry when the user does not have the seeallptordsresults permission. Used to create the unique FOID patient ID. Do not move this code from one user group to another, create a new code instead.

Field	Type	Notes
InquiryGroupCode	varchar (50)	A code assigned by the administrator. Enter a group code. This code is the same as the entry group code except it is used for result inquiry.
DeviceLocation	varchar (50)	Defines the device locations to which this user has access. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid device location code - user location code pairs. Each pair is represented by Value 1 then a dash then Value 2 where Value 1 = valid device location code Value 2 = valid user location code IE: D1-ULOC1|D2-ULOC2| The device location field is critical to associate the user with a particular label printer. The user location value is critical to associate the user to a particular physical location such as a collection facility. Both values are used to help categorize properties and are assigned to each order to allow for statistical reporting. These device locations are displayed at logon for the user to select from. If there is only one device location, the system will automatically use it. (Are just device codes, without user location, also allowed? as |dvc1|dvc2| ?)
UserLocation	varchar (50)	Default user location code. Enter a valid user location code, the geographical location for the user. This code is used to group packing list contents together.
MedicareRegion	varchar (80)	Default Medicare region number. Enter a valid Medicare region number. Medicare region is used as an identifying value during LMRP rules processing. Used to determine which diagnosis/CPT pair applies to a test when performing LMRP calculations. Used to match the user to the appropriate information in the `FO_CPTREVIEW` table.

Field	Type	Notes
BillToGroup	varchar (80)	Populates the list of Bill To options available on the order screen Bill To field. Enter a list of concatenated single characters from the allowed values. Each character represents a Bill To option. IE: IRCWOABMSFZ See table of Bill To options below this table.
DefaultSearchType	varchar (50)	Default search option in toolbar Search By drop-down list for this user. Enter AUTO or an allowed search option. Allowed options: AUTO NAME SSN PHONE DOB ACCESSION REQ.ID. Lab MR# RECENT PTS {Your ID} LAB ACCESSION INTEGRATED (Search) (including the word 'Search' and the par-enthesis?)
CreateDate	datetime	Date record was created. Informational
CreateBy	varchar (50)	Name of user who created the record. Informational
EditBy	datetime	Name of user who last edited the record. Informational
EditDate	datetime	Datetime the record was last edited. Informational (does the user enter this or the system timestamp?)
DeactivateDate	datetime	Datetime the record was deactivated. Informational If this field contains a date that is before the current date, the user is deactivated and cannot login to the application. If the user is deactivated, a message will be displayed. This field is used to prevent the user from logging in to the application without removal of the user's name, without removal of the user's data record.

Field	Type	Notes
MiscTestCode	varchar (50)	Default wild card test code. Enter a valid wild card test code. MISCREF is typically used. Used when the **FreeText Code** button on the order screen is clicked.
MiscICDCode	varchar (50)	Default prefix for ICD codes. Enter a valid prefix. #MICD is typically used. Prefixes ICD codes so they are recognized as miscellaneous or free-text entries.
PermGroup	varchar (20)	Permission group code. Required field. Enter a valid permission group code. Associates this user with a list of permissions defined in the `FO_PermGroups` table.
Email	varchar (50)	Email address for user. Informational
ICDEntryGroup	varchar (50)	Populates the list of Bill To options that trigger when to prompt for diagnosis codes at the time of an order. Enter a list of concatenated single characters from the allowed values. Each character represents a Bill To option. IE: IRCWOABMSFZ Allowed values: I = Insurance C = Client R = Patient/Guarantor M = Cash S = Skilled Nursing Z = Not Specified B = Insurance not skilled A = Medicare A W = Worker's comp O = Your office (used for client users same as client) N = No charge F = Auto Accident

Field	Type	Notes
PrintBarCodes	int	Informational, usually blank.
Local_Install	int	Bit flag to indicate if FASTsystem installation is on a local user's computer. Enter 0 Do NOT change without Rhodesapproval. 0 = remote install 1 = local install Used when the FASTsystem installation is on a local user's computer instead of a terminal server and that install can potentially communicate items downstream. Local install indicates that FASTis on a local PC with a local database and is not shared with other users.
LoginLevel	int	Determines if user is allowed to automatically log in. If user may log in to more than one device location, do NOT use 2. Enter an allowed value. Allowed values: 0 = prompt user for full login credentials 1 = default credentials based on OS user name but wait for the user to pick a device location before logging in 2 = auto log in user with default device/user location The system can discover the user name that has been used to log in to the Windows session. The user name is compared to the FO_USERS table and if a matching entry is found, then the system will check the value of this field to see if the user should be automatically logged in.
Def_PtLocCode	varchar (20)	User-level Patient Location Default. Enter a valid LIS location code defined in the `FO_PTLocations` table. Used as the patient location field on the order screen if no client-level maps have been defined.

Field	Type	Notes
DefaultBillTo	varchar (1)	Default value for Bill To when a new order is created on the order screen. Enter a valid billto code, a single character. Typical value = * Enter '*' to default to I or R. Default will be I, or Insurance, if the patient has insurances defined. Default will be R, or Patient, if no insurances are defined for the patient.
Def_ProvCode	varchar (50)	Default provider/physician code used on the Report/Requisitions Options screen when the `FO_Reports.PhysCodeDefault` field is set to 'USER'. Enter a valid provider code.
LISTechCode	varchar (50)	Default LIS tech code. Enter a valid LIS tech code. Can be sent to LIS through interfaces.
Def_ClientCode	varchar (50)	Default client code used on the Report/Requisitions Options screen when the FO_Reports.PhysCodeDefault field is set to 'USER'. Enter a valid client code.
WorkloadCodes	varchar (80)	Defines the list of possible workload codes for this user. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid workload codes separated by pipes. IE: |VP|VPM|VPO|
Def_ReqName	varchar (50)	System report name used to print a requisition on the order screen when the **Req** button is clicked. Use Rhodesrecommended value. Typical value: FO_ReqLabel_BC_NOLABELS
hostOSUser	varchar (50)	Not Used
hostOSpass	varchar (50)	Not Used
hostIPaddress	varchar (50)	Not Used
hostAppUser	varchar (50)	Not Used

Field	Type	Notes
hostAppPass	varchar (50)	Not Used
hostFunction	varchar (50)	Not Used
hostPromptDelay	int	Not Used
hostConnectDelay	int	Not Used
hostFontName	varchar (50)	Not Used
hostFontSize	decimal (18, 2)	Not Used
hostCapture	varchar (1)	Not Used
ProvClientSearch	varchar (50)	Default search type. Enter one of the allowed values: PROVIDER CLIENT LOCATION Do NOT change without Rhodesapproval.
Users_ID	int	ID field, a counter. Unique
Result_Sys_User	varchar (80)	Default user name for a web-based result system to which the user may branch. Use Rhodesrecommended value. Skip this entry to leave blank.
Result_Sys_Password	varchar (80)	Default user password for a web-based result system to which the user may branch. Use Rhodesrecommended value. Skip this entry to leave blank.

Field	Type	Notes
FacilityIDCodes	varchar (1000)	Represents the facility IDs to which the system has access. Multidimensional pipe delimited value, with leading and trailing pipes. Enter a single facility ID unless the system will contain multiple versions of the patient, one for each facility ID. For multiple facilities, enter valid facility IDs separated by pipes. The system will evaluate a patient's facility ID assignment and will not allow access to that patient if its facility ID does not match a facility ID in the list. IE: |1|2|3|
LastPasswordDate	datetime	Datetime when the user is prompted and required to change their password. Timestamped with the next datetime when the user changes their password. It can be also manually entered to force a password change.
Qualifier	varchar (50)	Default MPI Qualifier code. Enter a valid MPI Qualifer code. Skip this entry if user is allowed access to patients cross-referenced to multiple MPI qualifier codes.
QualifierType	varchar (50)	Determines how to apply a MPI qualifier during the order process to the foreign medical record number (Client Pt ID) if the user does not provide an MPI qualifier code. Enter a valid allowed value. Typical value: CLIENTMPI Allowed values: CLIENTID = system will use the client ID in the order as an MPI qualifier code. CLIENTMPI = system will use the MPI Qualifier assigned to the client ID for the order, defined in the `FO_Clients table.` LOCATION = system will use the location code as an MPI qualifier. Do not use if location codes have a semicolon character. PHYSCODE = system will use the provider/physician code as an MPI Qualifier. Do not use if provider codes have a semicolon character. ENTRYGROUPCODE = system will use the user's entrygroupcode as an MPI qualifier.
UserMessage	varchar (350)	Used to display a message to the user on the login screen.

Field	Type	Notes
AccountLogic update this field's Notes values per the information in the table in the Order Account Default Logic Rules information.	varchar (50)	Defines the rules used to assign an account number on the order screen. Enter an allowed value. Use Rhodes recommended value. UNIQUEACCT is the recommended setting if a client ID will always be used. UNIQUEACCTPROV is the recommended setting if a client ID will not always be used. Allowed values: REQID = defaults the requisition ID as the account number UNIQUEACCT = defaults a unique account number for an order based on the values of patient ID, physician, collection date, order billto and client ID UNIQUEACCTPROV = defaults a unique account number for an order based on the values of patient ID, physician, collection date and order billto MRNPHYSDATE = default the account number to be valued by the values of MRN, physician ID and collection date, ie the MRN + Ordering Phys Code + Date DATE = defaults the account number to today's date CLIENT = if this is contained in the keyword then the system will check the FO_Clients (number) field to see if it contains an account number or the word 'ASK'. If 'ASK' is found then the system will prompt the user for an account number. CLIENTMRNPHYSDATE = same as CLIENT PROVIDER = if this is contained in the keyword then the system will check the FO_Providers (number) field to see if it contains an account number or the word 'ASK'. If 'ASK' is found then the system will prompt the user for an account number. UNIQUEACCT = system will create a unique account number for the order CVN = system will use the CV# value for the account number if it exists UNIQUEACCTPROV = system will create a unique account number for the combination of FOID, collection date and provider. UNIQUEACCTPROVBILLTO = system will create a unique account number for the combination of FOID, collection date, provider and billto UNIQUEACCTCLIENTBILLTO = system will create a unique account number for the combination of patient, client, billto and collection date UNIQUEACCTCLIENT = system will create a unique account number

Field	Type	Notes
		for the combination of patient, client and collection date UNIQUEACCTCLIENTPROVBILLTO = system will create a unique account number for the combination of patient, client, provider, billto and collection date NONE = no account number will be generated
ScreenTimeout	int	Number of minutes for a screen to time out and exit. Enter an integer for the number of minutes. Recommended value: 10
LoginTimeout	int	Number of minutes for the system to time out and end the application after the last screen is timed out. Enter an integer for the number of minutes. Recommended value: 15
ABNcopies	int	Number of copies of ABN form to print. Enter an integer: 1, 2, 3, 4, or 5 Defaults to 1
Ins_User_Assignement	varchar (50)	Code that determines which insurance codes to which the user has access. Enter a valid group code. This code is linked to the value of `FO_INS.INS_USER_ASSIGNEMENT` and allows the user access to only the insurance codes associated with the same user group code. For example, this field may be defined as 'FRONT'. The system displays only the insurance codes that have been associated with this user group code or have a no assignment code.
MessageGroups	varchar (500)	Defines a list of message groupscodes to which the user belongs and for which the user may send patient messages. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid message group codes separated by pipes. IE: |ALL|CPA|PSC1|BILL|
DefaultTextDiagnosis	varchar (255)	Populates the test diagnosis drop-down on the order screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid test diagnoses separated by pipes. IE: |Not Given|Missing|Called Dr|Not Clear|

Field	Type	Notes
DESearchDefault	varchar (50)	Default search by value on the Blind Duplicate Entry screen. Enter an allowed value. Skip this entry for no default. Allowed values: Lab Accession FO Accession Requisition ID Container ID
LabelExpirationSeconds	int	Number of seconds system will wait for the LIS to return a lab accession value before qualifying a label to print. Enter an integer for the number of seconds. Enter 1 if FASTwill be assigning the accession.
BatchLocations	varchar (500)	Defines the list of batch locations to which the user has access. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid batch location codes separated by pipes. IE: |PSC1|PSC2|
CopyOrderFields	varchar (50)	Turns on/off a particular field defined in the copy order logic from qualifying to be copied. Enter 1 or 0 for on or off. Use all 1 values to turn all fields on. Enter the default (requires 18 characters): '111111111111111111' See table of copy order field options below this table.
TestPriorityForASAP	varchar (50)	Priority code for ASAP priority. Enter a valid priority code. IE: ASAP
TestPriorityForStat	varchar (50)	Priority code for STAT priority. Enter a valid priority code. IE: STAT

Field	Type	Notes
UserLocPerfLab	varchar (500)	Used to drive a rule that causes a test to be auto received at time of order. A multidimensional pipe delimited field, with leading and trailing pipes. Enter pairs of user location code - performing lab code values separated by pipes. This field is used to map the Users list of possible User locations to a performing lab. The rule maps each user location code to a default performing lab code. The system then compares this value to a tests performing lab during order entry. If the values match, then the system will auto-receive that order by assigning a receipt date and time. Skip this entry if automatic receipt is not required for this user. IE: |PSC1-DEFAULT|PSC2-CORELAB1|PSC3-CORELAB2|
BillReQueueLogic	varchar (50)	Used in the re-queue logic for sending demographic data to the FIN system. It populates the correct trigger data, Search By field, for the re-queue interface, the BillingRequeue table. Enter an allowed value. Allowed values: LISORDX ACCESSION LABACC
ReqHeaderMsg	varchar (70)	Text message to print in the requisition header.
ReceiptFooterMsg	varchar (100)	Text message to print in the requisition footer.
Manager	varchar (50)	Manager assigned to this user. Enter a valid code for the manager. Written to each order the user creates to use in statistical queries.
CollectionLocations	varchar (255)	Used to validate the collection location code entered on the order screen by this user. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid collection location codes separated by pipes. IE: |LOC1|LOC2|LOC3|

Field	Type	Notes
AssignedToClientCodes	varchar (255)	Defines the list of client IDs the user may use during order entry. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid client IDs separated by pipes. It causes the system to bypass provider to client mapping and only display the client IDs in this list. IE: CLIENT1|CLIENT2|CLIENT3
ArchiveRackIDs	varchar (255)	Populates the drop-down list of rack IDs the user may use during order entry. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid rack IDs separated by pipes.
SO_Default_Days	int (4)	Number of days to show a standing order on the Requisition History screen. Enter an integer for the number of days.
DevLocScanFilePaths	varchar (500)	Future Use
ImageCategories	varchar (500)	Defines category and location of scanned data storage. A multidimensional pipe delimited field, with leading and trailing pipes. Enter pairs of valid category code = file path values separated by pipes. Format as: |categoryCode = FilePath| categoryCode = FilePath| IE: |REQ=C:|INS_Card=C:|ABN=C:|
ImagingSystemURL	varchar (80)	URL for imaging system. Enter valid URL. If present, FASTwill turn on button within application to provide easy navigation for scanning. (is this the default path for where images will be stored when scanned, what button is turned on?)

Field	Type	Notes
Main_Pt_Srch_List	varchar (255)	Populates the drop-down list of search options for this user when performing search in FAST. Multidimensional pipe delimited value, with leading and trailing pipes. Enter allowed values separated by pipes. Allowed values: AUTO NAME SSN PHONE DOB ACCESSION REQ.ID. Lab MR# RECENT PTS {Your ID} LAB ACCESSION INTEGRATED

Field	Type	Notes
AdvancedSearchDefaultChecks	varchar (500)	Defines fields that default to checked on the advanced search screen. Allowed values include: (C=client identifier / L=Lab identifier) C_MRN C_ACC CACCT (is this correct with no underscore?) C_ORD C_REQID L_ACC L_MRN L_REQID L_NAME L_PTLOC L_CLIENT L_DOB L_LABACC L_PROV L_SSN L_TEL L_USERLOC
CollectionHUBCodes	varchar (max)	Defines HUBs to which this user has access. User will only have access to HUBs defined here. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid collection HUB codes separated by pipes. Valid collection HUB codes are defined in the `FO_Hub_Definitions` table.

Field	Type	Notes
ClientPtAccessGroupCodes	varchar (MAX)	Defines ClientPTAccessGroupCodes to which this user has access. This limits the list of patients presented to this user when searching by RECENT PTS option. Multidimensional pipe delimited value, with leading and trailing pipes. Enter valid ClientPTAccessGroupCodes separated by pipes. The User can only access patients with a matching ClientPTAccessGroupCode. RecentPatientSearchType must be set to PTACCESSGROUP for this field to be referenced.
RecentPatientSearchType	varchar (50)	Search type used when using RECENT PTS search option. Enter an allowed value. Allowed values: USERLOCATION ENTRYGROUPCODE PTACCESSGROUP MPI
RecentPatientSearchDays	varchar (50)	Used with RECENT PTS search option to define what is recent activity. Enter an integer for the number of days from the edit date.
CommonTestListCode	varchar (50)	Default common test list for this user to view. Enter a code for the common test list. Based on permission, user can add and delete from test list. (where is the common test list code, are there allowed values?)
WorkFlowMethods	varchar (255)	Populates the drop-down list of workflow methods available to this user on the Integrated Search Screen. Multidimensional pipe delimited value, with leading and trailing pipes. Enter allowed values separated by pipes. Allowed values: PATIENT PRESENTS SPECIMEN PRESENTS INDUSTRIAL TOX This takes priority over the system-level value in `FO_LabInfo`.

Field	Type	Notes
DefaultWorkFlowMethod	varchar (50)s	Default workflow method for this user. Enter a valid workflow method. This takes priority over the system-level default value and the User-Location DefaultWorkflow value.

Bill To Options

The following table lists the Bill To options available. Use one or more of the letter codes in the `FO_Users.BillToGroup` field.

Letter Code	Long Code Appearing In Drop Down	Billing System Charge To
I	Insurance	According to rules
R	Patient/Guarantor	P
C	Client	C
W	Worker's Comp	Customized
O	Your Office (same as client)	C
M	Cash Payment	CASH
N	No Charge	NS
B	Insurance Not Skilled	According to rules
A	Medicare A Skilled	According to rules
S	Skilled Nursing (Nursing Home)	According to rules
F	Auto Accident	Customized
Z	Not Specified	NS
*	Patient or Insurance	Looks at demographics to decide.

Not in the FO_Users.BillToGroup field definition, need to add it.

Copy Order Fields

The copy order field options below, set in the `FO_Users.CopyOrderFields` field, are used for the Copy Order Rule on page 6.

An acceptable value for the FO_Users.CopyOrderFields field is created by a string of 1s and 0s, each 1 or 0 turning on or off an option listed below. The string should contain a number for each option below, a string of 18 characters.

Position	Description
1	BILL TO field
2	Account Number
3	Client Visit Number
4	Ordering Physician Code and Name
5	Client Code and Name
6	Copy To 1-4 Code and Name
7	Copy To Client
8	Location Code and Name
9	Order Test Codes
10	Diagnosis Codes By Test
11	Test Collection Date and Time
12	Order Level Collection Date and Time
13	Order Episode ID
14	Order Referral Information
15	Order Injury Related Data
16	Order LMP related Data
17	Test Level Questions and Answers
18	Requisition ID at Order level

For example, to turn on options 1, 2, 3, 6, 10, 11, 12, 13, 17 and 18, enter the FO_Users.CopyOrderFields value as 111001000111100011.