

Clinical Accounting InforMation (CLAIM)

Specification Version 2.1 $\alpha$

Type B

PRELIMINARY

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## ***Introduction***

CLAIM (CLinical Accounting InforMation) is a means of data interchange that links clinical accounting to the electronic medical charts of patients. An advantage of standardizing and loosely connecting (giving transparency to) electronic data interchanges between electronic medical chart systems and clinical accounting systems (or receipt computer) is that the development of electronic chart systems is promoted. At the present time, a large number of manufacturers are planning to enter the electronic medical chart business. For vendors who wish to enter the electronic medical chart business but do not possess their own independent clinical accounting systems, an interface must be developed for each of the major clinical accounting systems. By planning and approving CLAIM, an electronic medical chart vendor can manage by simply developing a type of interface for the CLAIM. This leads to improved development efficiency and reduced cost. The system has advantages for clinical accounting system vendors, too. For instance, if a user claims that an electronic medical chart be adopted, new and independent development will not be required; moreover, a portion of the information obtained from patients' paper charts can be automatically extracted from the electronic chart.

The MedXML Consortium developed and manages the Medical Markup Language (MML), a medical information interchange language that enables different facilities to electronically interchange clinical data. As MML advanced, it became necessary to develop specialized structures for various fields; however, it was impossible for this organization to cover all medical care fields. Furthermore, considering the effect that expected frequent partial structural developments and modifications would have on the overall structure, this arrangement was not efficient with respect to version control and other points. Thus, in Version 2 and subsequent versions of MML, a method was adopted by which XML Namespace was employed to modularize certain collections of information and, when necessary, combine modules for use. In this way it became possible to propose descriptive formats that are peculiar to each medical care field and to divide logic structure development work into specialized areas.

The CLAIM modules (appointment request module and point/monetary amount module) defined in the CLAIM specifications were developed as MML modules as a part of such MML development. CLAIM was not included in MML specifications because of reasons such as the following:

1. Due to medical reasons, it is highly possible that version updates will occur frequently.
2. In contrast to MML, it will not become an international specification because its structure is characteristic of Japan.
3. Since specification control centers on medical vendors, the control group will differ from MML.

Since MML is a higher-level standard than CLAIM, the provisions that are included in the MML specifications apply to CLAIM as well.

## Overview

CLAIM (CLinical Accounting InforMation) is a means of data interchange that links electronic medical chart and clinical accounting systems. Currently, two modules are defined (appointment request module and point/monetary amount module, hereinafter jointly referred to as CLAIM modules). The target of data construction with CLAIM is medical care information that is needed in medical requests. However, the sending of medical codes is a prerequisite; information needed to select a medical code (for example, during wound treatment, information on the length of a wound) is not sent to the clinical accounting system.

These specifications are subordinate to Version 2.3 of the MML specifications, which are under the control of the MedXML Consortium [1]. The CLAIM modules defined in the CLAIM specifications can be handled similarly to the MML modules defined in the MML specifications. Thus, all specifications established in MML apply to CLAIM as well. In principle, independent CLAIM definitions that are not included in the MML specifications are included in these specifications.

The CLAIM modules are used under the exact same standards as the MML modules in the MML instance. In other words, the CLAIM modules are placed below the MmlBody- MmlModuleItem- content element. Furthermore, for each content there is always a single CLAIM module.

Just as an MML instance consists of at least one module, at least one CLAIM module can appear in a single MML instance. It is also possible to coexist with another MML module.

For the Prefix character string of the XML Namespace to be used with the CLAIM module, the Prefix character string that is used with these specifications is recommended. Application is operated in accordance with XML Namespace standards.

Although this document explains CLAIM standards, it is written based on the assumption that the reader has general knowledge of XML. For more information on XML, see Reference documents [2], [3], and [4].

The only organization that controls CLAIM is the MedXML Consortium. All CLAIM-related copyrights belong to the MedXML Consortium.

[To obtain latest CLAIM standards on WWW]

The current version is printed. For the latest edition, however, see the World Wide Web (WWW).

MedXML Home Page            <http://www.medxml.net/>

[CLAIM-related inquiries]

MedXML Consortium Medical Technology Specialists Committee

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## *Reference documents*

- [1] MML home page: <http://www.medxml.net/>
  
- [2] Extensible Markup Language (XML) 1.0 W3C Recommendation 10-February-1998,  
<http://www.w3.org/TR/1998/REC-xml-19980210>
  
- [3] Namespaces in XML World Wide Web Consortium 14-January-1999,  
<http://www.w3.org/TR/1999/REC-xml-names-19990114/>
  
- [4] Date elements and interchange formats - Information interchange - Representation of dates and times,  
<http://www.iso.ch/markete/8601.pdf>
  
- [5] Yoichi Okushi, Hiroyuki Daimon, Kenji Araki, Hiroyuki Yoshihara: Interface for Electronic Charts and Clinical Systems, SeaGaia Proceedings '98, 57-61, 1998
  
- [6] Kenji Araki, Yoichi Okushi, Hiroyuki Daimon, Hiroyuki Yoshihara: The Design of a Data Interchange Format for Linking Clinical Accounting and Electronic Medical Charts (CLAIM), Medical Information Studies; 18(4): 383-391, 1999
  
- [7] Kenji Araki, Yoichi Okushi, Hiroyuki Daimon, Hiroyuki Yoshihara: Medical Information Interchange Format for Linking Electronic Medical Charts and Clinical Systems, Collection of Technical Reports from the 18th Joint Conference on Medical Informatics; 384-385, 1998.11.19
  
- [8] Hiroyuki Daimon, Yoichi Okushi, Hiroyuki Yoshihara , Kenji Araki: Designing and Implementing a Medical Information Interchange Format for Linking Electronic Medical Charts and Clinical Systems (CLAIM), Collection of Technical Reports from the 19th Joint Conference on Medical Informatics; 788-789, 1999

## ***Basic policy***

### **Operating form of CLAIM module and MML module**

In addition to the medical codes for medical care actions that are taken, essential information that a clinical accounting system requires for making clinical accounting computations includes patient information, health insurance information, and diagnostic information. There are various conceivable operating forms for such information interchange. Although CLAIM does not specify an operating form, a conceivable operating form is presented hereinafter as an example of data interchange between an electronic medical chart system and clinical accounting system. The aim is to provide a better understanding for implementation system development. (See Table, “Example of operating form.”)

Patient information and health insurance information are controlled by means of the clinical accounting system. Data input, too, is performed from the clinical accounting system side. On the other hand, the contents of medical care actions for medical requests and diagnosis information for medical care actions are input from the electronic medical chart system side. An electronic medical chart system in a case such as this includes a function for inputting medical care actions, but does not have a clinical accounting computation function. During outpatient appointment or during the input of hospitalization medical care action information (order), an MML patient information module and MML health insurance information module are sent from the clinical accounting system to the electronic medical chart system as an MML instance. When the medical care action information (order) is being input into the electronic medical chart system, the document ID that corresponds to the MML health insurance information module is input into the appointment request module so that the medical care action and utilized health insurance match. After the medical care action is input into the appointment request module, the MML instance that includes the appointment request module is transferred from the electronic medical chart system to the clinical accounting system. If necessary, diagnosis information is transferred from the electronic medical chart system to the clinical accounting system as an MML diagnosis information module and as an MML instance that is identical to or separate from the appointment request module. Based on the appointment request module that is transferred to the clinical accounting system, over-the-counter accounting or medical insurance invoice creation is performed with the clinical accounting system.

With the appointment request module, it is possible to record the status of three items: appointment, registration, and performance. When future follow-up consultation appointments and test appointments are sent to the clinical accounting system with an electronic medical chart system, the status is “appointment.” During outpatient registration, the appointment information is sent from the clinical accounting system to the electronic medical chart system in “registration” status. And when the appointment information is implemented, medical care action information is sent from the electronic medical chart system to the clinical accounting system in “performance” status.

A point/monetary amount module has been prepared for viewing, from the electronic medical chart system, request points and requested monetary amounts that are computed by the clinical accounting system.

With the aforementioned operating form, patient information and health insurance information is assumed to be controlled not by the clinical accounting system but by a patient information control system that integrates the

electronic medical chart system and clinical accounting system. Through the application of the aforementioned operating form with this form, too, it is thought that the module interchange system can be understood.

To link the clinical accounting and electronic medical chart systems, those who implement the CLAIM specifications should, at a minimum, implement not only appointment request modules and point/monetary amount modules but also MML patient information modules, MML health insurance information modules, and MML diagnosis information modules.

Table. Example of operating form

Medical Care Period	Utilized Module	Electronic Med. Chart System		Clinical Acct. System	
[Initial Consultation]					
Initial Registration	Patient information module	Chart	←	Clinical	
	Health insurance information module	Chart	←	Clinical	
	Appointment request module Status = Registration Order date/time (omitted) Expected perf. date/time (omit) Registration date/time Performance date/time (omit)	Chart	←	Clinical	Initial consultation registration notice
Care Completion	Diagnosis information module	Chart	→	Clinical	Ailment at initial consultation
	Appointment request module Status = Performance Order date/time (omitted) Expected perf. date/time (omit) Registration date/time (omit) Performance date/time	Chart	→	Clinical	Type of medical care action performed
	Appointment request module Status = Appointment Order date/time Expected performance date/time Registration date/time (omitted) Performance date/time (omit)	Chart	→	Clinical	Future appointment
After clinical computation	Point/monetary amount module Status = Accounting complete Order date/time (omitted) Expected perf. date/time (omit) Registration date/time (omit) Performance date/time Accounting compl. date/time	Chart	←	Clinical	Given day's acct. information
[Follow-up]					
Registration	Patient information module	Chart	←	Clinical	
	Health insurance information module	Chart	←	Clinical	
	Appointment request module Status = Registration Order date/time Expected perf. date/time Registration date/time Performance date/time (omitted)	Chart	←	Clinical	Follow-up consultation registration notice Appointed medical care action
Care Completion	Diagnosis information module	Chart	→	Clinical	Additional ailment

	Appointment request module Status = Performance Order date/time (omitted) Expected perf. date/time (omit) Registration date/time (omit) Performance date/time	Chart	→	Clinical	Medical care action performed
	Appointment request module Status = Appointment Order date/time Expected perf. date/time Registration date/time (omitted) Performance date/time (omit)	Chart	→	Clinical	Future appointment
After clinical computation	Point/monetary amount module Order date/time (omitted) Expected perf. date/time (omit) Registration date/time (omit) Performance date/time Accounting complete date/time	Chart	←	Clinical	Given day's acct. information

## Operational arrangements

CLAIM is a means of performing bidirectional data interchange (transfer) that uses an appointment request module to send data from an electronic medical chart system to a clinical accounting system, and a point/monetary amount module to send data from a clinical accounting system to an electronic medical chart system. At least one CLAIM module is input into a single MML instance.

An appointment request module can target appointment information, registration information, and performed medical care action information according to three types of statuses. Thus, three categories of dates can be recorded; namely, the order issuance date, expected performance date, and performance date. Each of these dates can appear one by one in a single appointment request module. Thus, even with the same order issuance date, there must be a separate appointment request module if the expected performance date differs.

It is possible to arrange multiple appointment request modules having different expected performance dates as a single MML instance and then transfer it to the clinical accounting system. With CLAIM you can send information immediately at the appointed time (order issuance time), through daily batch processing, or at longer intervals (such as monthly).

## Operating range of single module (module granularity)

For a single CLAIM module, only one MML document header (docInfo) is set up. For a single document header, the “document entry date (single date)” and “(single) person making entry” are entered as required items. Thus, the operating range of a single CLAIM module is the information concerning the medical care that was appointed/performed on a single date by a single medical care provider. A conceivable example of such operation, when applied to outpatient care, is the use of a single module for a series of medical care actions that are performed for a single outpatient by the same doctor. When applied to hospitalization, an example might be the use of a single module for a single order that a single doctor performs for a single inpatient.

An exception, as previously mentioned, is that even with the same order issuance date, there must be a separate appointment request module if the expected performance date differs.

Another exception is that there must be a separate module when the utilized health insurance differs, because only one health insurance can be set up for a single CLAIM module.



## Data type

The data type is completely compatible with MML. The data type definitions below were taken from Version 2.3 of the MML specifications.

string	Character string
integer	Integer
decimal	Decimal
boolean	True/false value. Use the true or false option value.
date	Date Form: CCYY-MM-DD Example: 1999-09-01
time	Time Form: hh:mm:ss Example: 12:54:30
dateTime	Date and time Form: CCYY-MM-DDThh:mm:ss Example: 1999-09-01T12:54:30
timePeriod	Form: PnYnMnDTnHnMnS Example: P65Y (65 years old) or Form: PnW Example: P12W (12 weeks after birth)

The format of the date, time, dateTime, and timePeriod should be specification of ISO 8601, especially the Complete representation format. In addition, the format of the date, time, and dateTime should be the Extended format. The format of the timePeriod should be the Basic format. The range that can be omitted varies depending on the individual element. Refer to the element explanation for the format of individual elements and attributes.

In the future, if the specification of XML Schema is recommended by W3C, the XML Schema-Datatypes will be specified for the MML data type.

## Masters

The CLAIM specifications do not provide rules for medical request masters. Furthermore, there are no recommendations for specific masters. Thus, a conformance statement for master settings between the electronic medical chart system and clinical accounting system must be exchanged. If an electronic medical chart system is planned to be connected to an unspecified clinical accounting system, the user is urged to select a medical request master, referring to the CLAIM implementation examples.

### **Version control in module units**

Since an MML instance consists of at least one module, version control in module units becomes necessary. With MML, including CLAIM, the version of the utilized module is indicated by the ending decimal number in the URI of the module namespaces declaration. Thus, in the namespaces declaration below, the version of the appointment request module is 2.1.

```
xmlns:claim = "http://www.medxml.net/claim/claimModule/2.1"
```

## ***MML basic structure and CLAIM definitions***

CLAIM is a partial structure that is inserted in the MML basic structure. In this section the MML basic structure will be described as cited from Version 2.3 of the MML specifications. In addition, CLAIM-specific definitions, comments, and precautions will be described under the item [CLAIM].

### 1. Mml

[Detail] MML start/end tag

[CLAIM] The namespaces declaration of the CLAIM module must be inserted as an attribute. Other namespaces declarations can also be included for the utilized DTD only.

The uri shown below must be used for the namespaces declaration. At the present time, however, DTD, for example, does not exist at the uri below. The uri combines the declarations of versions in module units. (See “Version control in module units” in the “Basic policy” section of these specifications.)

uri of appointment request module

<http://www.medxml.net/claim/claimModule/2.1>

uri of point/monetary amount module

<http://www.medxml.net/claim/claimAmountModule/2.1>

### 1.1. MmlHeader

[Detail] Header information

#### 1.1.1. mmlCi:CreatorInfo

[Detail] Creator identification information. Refer to the MML common format (creator information format) for the structure.

[CLAIM] Creator information that is generated during MML instance creation. Does not have to be matched to the CLAIM module's creator.

[Omission] Not allowed

#### 1.1.3.1. tocItem

[Detail] All DTDs used in this MML document are listed.

[CLAIM] The utilized DTD must include a uri that indicates the CLAIM module DTD. The uri's of CLAIM Version 2.1 are shown below. Even if the engineer places a copy of the CLAIM module DTD in the local directory, the formal uri's shown below must be entered.

uri of appointment request module

<http://www.medxml.net/claim/claimModule/2.1>

uri of point/monetary amount module

<http://www.medxml.net/claim/claimAmountModule/2.1>

[Data type] string

[Omission] Not allowed

[Repetition setting] Repeated. The data should be repeated for the number of DTDs used.

#### 1.2.1.1. docInfo

[Detail] Individual document header information

[CLAIM] MML0005 table's "claim" and "claimAmount" are used. For the contentModuleType, "claim" must be input for the appointment request module, and "claimAmount" for the point/monetary amount module.

[Omission] Not allowed

[Attribute]

Attribute name	Data type	Omission	Table used	Explanation
contentModuleType	string	#IMPLIED	MML0005	Document type code

#### 1.2.1.1.2. title

[Detail] Document title

[CLAIM] The necessity of including the document title in the CLAIM module is not evident. But since it cannot be omitted, some sort of document title must be included. Here is a conceivable example of a title: automatically incorporate the name of the medical care action classification that appears first.

"claim" must be input for the attribute "generationPurpose."

[Data type] string

[Omission] Not allowed

[Attribute]

Attribute name	Data type	Omission	Table used	Explanation
generationPurpose	string	#IMPLIED	MML0007	Type of document detail

#### 1.2.1.1.3.1. uid

[Detail] Document unique ID. The format of the unique number should be UUID. (UUID should include hyphens.) It is strongly recommended that the MML processor save the uid locally with some measure when the MML instance is received.

[CLAIM] A document unique ID is required even in the CLAIM module.

[Data type] string

[Omission] Not allowed

[Example]

<uid>0aae5960-667c-11d3-9751-00105a6792e7</uid>

#### 1.2.1.1.3.2. parentId

[Detail] ID of related parent document. For usage, refer to “Link of documents” in the basic policy.

[CLAIM] It is assumed that this is used in a CLAIM module to record the correlation to the order document. In short, “order” is input into the attribute “relation” with the order document (Progress course information module that includes the order) used as the related parent document.

Also, the uid of the related health insurance information module can be set up with the parentId as well. In principle, however, it should be recorded in claim:insuranceUid in the CLAIM module.

[Data type] string

[Omission] Omission allowed

[Repetition setting] Repeated. If multiple parent documents are available, the data should be repeated.

[Attribute]

Attribute name	Data type	Omission	Table used	Explanation
relation	string	#IMPLIED	MML0008	Type of relation

[Example] When the document is corrected (new edition) for the parent document

```
<parentId relation = “oldEdition”>0aae5960-667c-11d3-9751-00105a6792e8</parentId>
```

#### 1.2.1.1.4. confirmDate

[Detail] Confirmed date of medical chart electronic storage

[CLAIM] This is the module creation date. It does not necessarily have to be the same as the order issuance date, expected performance date, and performance date in the CLAIM module.

[Data type] date Form: CCYY-MM-DD

[Omission] Not allowed

[Attribute] When time series information is one document, input the start date and the end date in the next attribute. ScopePeriod (1.1.4.) represents the coverage period for the entire MML document. In contrast, this represents the period of one MmlModuleItem.

Attribute name	Data type	Omission	Table used	Explanation
start	date	#IMPLIED		Start date for time series information
end	date	#IMPLIED		End date for time series information

#### 1.2.1.1.5. mmlCi:CreatorInfo

[Detail] Creator information of individual document. Refer to the common format (creator information format) for the structure.

[CLAIM] Most likely, the CLAIM document creator is the doctor who indicated the medical care action that is entered.

[Omission] Not allowed

#### 1.2.1.1.6. extRefs

- [Detail] List of all external link information described in the content. The list of external reference files can be obtained without analyzing the content.
- [CLAIM] Since there is no mmlCm:extRef element in the CLAIM module, extRefs is set up as a dummy element.
- [Omission] Not allowed

#### 1.2.1.1.6.1. mmlCm:extRef

- [Detail] External link information. Refer to the MML common format (external reference format) for the structure.
- [CLAIM] Since there is no mmlCm:extRef element in the CLAIM module, mmlCm:extRef is omitted.
- [Omission] Omission allowed
- [Repetition setting] The data should be repeated for the number of external link information described.

#### 1.2.1.2. content

- [Detail] Content. Input the module using namespace. Only one type of module can be input in one content.
- [CLAIM] Only one CLAIM module is inserted into one content.
- [Omission] Normally omission is not allowed. Omission is allowed only for response to the list format query.

# Appointment request module

## Element list

	Elements	Attribute	Datatypes	Occurrence	Table id
1.	claim:ClaimModule				
1.1.	claim:information				
		claim:status	string	#REQUIRED	Claim008
		claim:oderTime	dateTime	#IMPLIED	
		claim:appointTime	dateTime	#IMPLIED	
		claim:registTime	dateTime	#IMPLIED	
		claim:performTime	dateTime	#IMPLIED	
		claim:admitFlag	boolean	#REQUIRED	
		claim:timeClass	string	#IMPLIED	Claim001
		claim:insuranceUid	string	#IMPLIED	
		claim:defaultTableId	string	#IMPLIED	
1.1.1.	claim:appoint			?	
1.1.1.1.	claim:appName		string	*	
		claim:appCode	string	#IMPLIED	
		claim:appCodeId	string	#IMPLIED	
1.1.1.2.	claim:memo		string	?	
1.1.2.	claim:patientDepartment				
1.1.2.1.	mmlDp:Department				
1.1.3.	claim:patientWard			?	
1.1.3.1.	mmlDp:Department				
1.1.4.	mmlHi:insuranceClass		string	?	
1.2.	claim:bundle			+	
		claim:classCode	string	#IMPLIED	
		claim:classCodeId	string	#IMPLIED	
1.2.1.	claim:className		string	?	
1.2.2.	claim:administration		string	?	
		claim:adminCode	string	#IMPLIED	Claim006
		claim:adminCodeId	string	#IMPLIED	
1.2.3.	claim:admMemo		string	?	
1.2.4.	claim:bundleNumber		integer	?	
1.2.5.	claim:item			+	
		claim:subclassCode	string	#IMPLIED	Claim003
		claim:subclassCodeId	string	#IMPLIED	
		claim:code	string	#REQUIRED	
		claim:tableId	string	#IMPLIED	
		claim:aliasCode	string	#IMPLIED	
		claim:aliasTableId	string	#IMPLIED	
1.2.5.1.	claim:name		string		
1.2.5.2.	claim:number		decimal	*	
		claim:numberCode	string	#REQUIRED	Claim004
		claim:numberCodeId	string	#REQUIRED	
		claim:unit	string	#IMPLIED	
1.2.5.3	claim:duration		timePeriod	?	
1.2.5.4	claim:location		string	*	
1.2.5.5	claim:film			*	
1.2.5.5.1.	claim:filmSize		string		
		claim:sizeCode	string	#IMPLIED	Claim005
		claim:sizeCodeId	string	#IMPLIED	
		claim:filmDivision	string	#IMPLIED	
1.2.5.5.2.	claim:filmNumber		integer		
1.2.5.6	claim:event		string	?	
		claim:eventStart	date	#IMPLIED	

		claim:eventEnd	date	#IMPLIED
1.2.5.7	claim:memo		string	?
1.2.6.	claim:memo		string	?

Occurrence None: 1 appearance without fail, ?: 0 or 1 appearance, +: 1 or more appearances, \*: 0 or more appearances

#REQUIRED: Mandatory attribute, #IMPLIED: Omissible attribute

## Element explanation

### 1. claim:ClaimModule

[Detail] Medical appointment request module. A series of medical care actions performed once by the same doctor is placed in a single module. A separate module is used if the utilized health insurance differs.

[Omission] Not allowed

#### 1.1. claim:information

[Detail] Request header information

[Omission] Not allowed

[Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claim:status	string	#REQUIRED	Claim008	Status of appointment request module appoint: appointment status regist: registration status perform: performance status
claim:oderTime	dateTime	#IMPLIED		Order issuance date/time CCYY-MM-DDThh:mm:ss or CCYY-MM-DD
claim:appointTime	dateTime	#IMPLIED		Expected performance date/time CCYY-MM-DDThh:mm:ss or CCYY-MM-DD
claim:registTime	dateTime	#IMPLIED		Registration date/time CCYY-MM-DDThh:mm:ss or CCYY-MM-DD
claim:performTime	dateTime	#IMPLIED		Performance date/time CCYY-MM-DDThh:mm:ss or CCYY-MM-DD
claim:admitFlag	boolean	#REQUIRED		Inpatient/outpatient classification. Admission flag. true: inpatient; false: outpatient
claim:timeClass	string	#IMPLIED	Claim001	Time classification
claim:insuranceUid	string	#IMPLIED		Utilized insurance. Enter uid of Health Insurance Section of related insurance.
claim:defaultTableId	string	#IMPLIED		Common medical request code system name. Name of medical request code system that becomes default in same module.



### 1.1.1. claim:appoint

[Detail] Appointment information

[Omission] Omission allowed

#### 1.1.1.1. claim:appName

[Detail] Appointment

[Omission] Omission allowed

[Repetition setting] Repeated. Repeated if there are multiple appointment items.

[Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claim:appCode	string	#IMPLIED		Appointment code
claim:appCodeId	string	#IMPLIED		Appointment code table

Comment: The appointment code may require various items depending on the facility; thus, an independent code table is created and entries are made along with the table being used. For example, Claim009 code is indicated.

### 1.1.1.2. claim:memo

[Detail] Appointment memo

[Data type] string

[Omission] Omission allowed

### 1.1.2. claim:patientDepartment

[Detail] Medical-care-giving department. Department that actually performed the medical care. This is not the department to which the consulting physician belongs.

[Omission] Omission allowed

#### 1.1.2.1. mmlDp:Department

[Detail] Medical department information format. Refer to the MML common format (medical department information format).

### 1.1.3. claim:patientWard

[Detail] Medical-care-giving ward. Ward that actually performed the medical care. This is not the department to which the consulting physician belongs.

[Omission] Omission allowed

#### 1.1.3.1. mmlDp:Department

[Detail] Medical department information format. Refer to the MML common format (medical department information format).

#### 1.1.4. mmlHi:insuranceClass

[Detail] Health insurance class. Refer to the MML Health insurance information module for the structure.

#### 1.2. claim:bundle

[Detail] Medical-care-bundling section. Includes single tests, single prescriptions, and other single medical care actions. Normally corresponds to a series of medical care item groups that are bundled via “\*” of the medical insurance invoice.

[Omission] Not allowed

[Repetition setting] Repeated. Repeated when there are multiple medical care actions that the same doctor performs once. For example, if a doctor writes a prescription and performs a laboratory test during a single outpatient examination, two claim:bundle items are generated.

#### [Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claim:classCode	string	#IMPLIED		Medical care action classification code. Enter medical care classification code of primary claim:Item action.
claim:classCodeId	string	#IMPLIED		Medical care action classification code table

Comment: The medical care action classification code depends largely on the medical request code that is used; thus, a table is not particularly established in the CLAIM specifications. The CLAIM table list at the end of this specification, for example, shows the Claim002 table and Claim007 table (point column/tabulation destination code list of medical insurance invoice computer processing system, edited by Social Insurance Medical Fee Payment Fund).

#### 1.2.1. claim:className

[Detail] Name of medical care action classification

[Data type] string

[Omission] Omission allowed

#### 1.2.2. claim:administration

[Detail] Administration

[Data type] string

[Omission] Omission allowed

#### [Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claim:adminCode	string	#IMPLIED	Claim006	Administration code
claim:adminCodeId	string	#IMPLIED		Administration code table. Entered as Claim006.

### 1.2.3. claim:admMemo

[Detail] Administration comment

[Data type] string

[Omission] Omission allowed

[Example] Nonuniform dosages: morning-afternoon-evening 2-1-1

< claim:admMemo > Nonuniform dosages: morning-afternoon-evening 2-1-1</ claim:admMemo >

### 1.2.4. claim:bundleNumber

[Detail] Number of times or number of days. Regarded as 1 if omitted.

[Data type] integer

[Omission] Omission allowed

### 1.2.5. claim:item

[Detail] Medical care item section. Includes smallest medical care item units (invoice details), such as BUN, Alinamin, and Doppler addition.

[Omission] Not allowed

[Repetition setting] Repeated. Repeated if there are multiple medical care items.

[Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claim:subclassCode	string	#IMPLIED	Claim003	Medical care subclass code. Procedure, material, and pharmaceutical classifications.
claim:subclassCodeId	string	#IMPLIED		Medical care subclass code table. Entered as Claim003.
claim:code	string	#REQUIRED		Medical request code
claim:tableId	string	#IMPLIED		Name of medical request code system. Can omit if same as claim:defaultTableId.
claim:aliasCode	string	#IMPLIED		Alias medical request code
claim:aliasTableId	string	#IMPLIED		Name of alias medical request code system

Comment: Differentiation between claim:code (medical request code) and claim:aliasCode (name of alias medical request code system)

Codes that are used for clinical computations with the clinical accounting system must be set up as a claim:code. If a code is added for a purpose other than clinical computation, it is set up as a supplementary code to the claim:aliasCode. For example, for pharmaceuticals it is conceivable that a local code for the clinical accounting system used at the implementing facility will be set as the claim:code, a code that is common throughout the nation will be set up as the claim:aliasCode, and the latter will be used for linking with the pharmaceutical information system.

#### 1.2.5.1. claim:name

[Detail] Name of medical request

[Data type] string

### 1.2.5.2. claim:number

[Detail] Number. Includes requested quantity of pharmaceuticals, quantity of materials used, etc.

[Data type] decimal

[Omission] Omission allowed

[Repetition setting] Repeated. As with the material unit cost and material quantity, repeated for multiple items.

#### [Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claim:numberCode	string	#REQUIRED	Claim004	Number code
claim:numberCodeId	string	#REQUIRED		Number code table. Entered as Claim004.
claim:unit	string	#IMPLIED		Unit

### 1.2.5.3. claim:duration

[Detail] Prescribed duration. Time required for anesthesia, for instance, is entered.

[Data type] timePeriod Form: PTnHnM

[Omission] Omission allowed

[Example] 5 hours, 25 minutes

<claim:duration>PT5H25M</claim:duration>

### 1.2.5.4. claim:location

[Detail] Location. Location of photograph, surgery, or treatment is entered. No particular code is established.

[Omission] Omission allowed

[Repetition setting] Repeated. Repeated if there are multiple locations.

### 1.2.5.5. claim:film

[Detail] Film section

[Omission] Omission allowed

[Repetition setting] Repeated. Repeated if there are multiple film sizes.

#### 1.2.5.5.1. claim:filmSize

[Detail] Film size

[Data type] string

[Omission] Not allowed

#### [Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claim:sizeCode	string	#IMPLIED	Claim005	Film size code
claim:sizeCodeId	string	#IMPLIED		Film size code table. Entered as Claim005.
claim:filmDivision	string	#IMPLIED		Film division. Entry format is not established.

#### 1.2.5.5.2. claim:filmNumber

- [Detail] Film number  
[Data type] integer  
[Omission] Not allowed

[Example] Half size (for computer tomography): 3 films

```
<claim:film>
  <claim:filmSize
    claim:sizeCode="07"
    claim:sizeCodeId="Claim005">
    Half-size (for computer tomography)
  </claim:filmSize>
  <claim:filmNumber>3</claim:filmNumber>
</claim:film>
```

#### 1.2.5.6. claim:event

- [Detail] Related procedure. Includes the names of related procedures and test procedures. No particular entry format is established. Used for inserting related procedures in order to clarify the purpose of using requested pharmaceuticals and materials.
- [Data type] string
- [Omission] Omission allowed

#### [Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claim:eventStart	date	#IMPLIED		Start date. Start date of related procedure.
claim:eventEnd	date	#IMPLIED		End date. End date of related procedure.

[Example] Coronary artery bypass surgery. Surgery date: January 4, 2000

```
<claim:event
  claim:eventStart="2000-01-04">
  Coronary artery bypass surgery
</claim:event>
```

#### 1.2.5.7. claim:memo

- [Detail] Memo. Item added to 1.2.3. claim:item (medical care item section). Any entry format is permissible.
- [Data type] string
- [Omission] Omission allowed

#### 1.2.6. claim:memo

[Detail]	Memo. Item added to 1.2. claim:bundle (medical-care-bundling section). Any entry format is permissible.
[Data type]	string
[Omission]	Omission allowed

## Point/monetary amount module

This module is a data format that is used to compute points and monetary amounts with the clinical accounting system and to transfer the results to the electronic medical chart system, based on information that has been sent from the electronic medical chart system to the clinical accounting system with the CLAIM module. It is based on the structure of the appointment request module. Furthermore, monetary amounts and point-related elements are added.

### Element list

Elements	Attribute	Datatypes	Occurrence	Table id
1.1. claimA:ClaimAmountModule				
1.1. claimA:amountInformation	claimA:status	string	#REQUIRED	Claim008
	claimA:oderTime	dateTime	#IMPLIED	
	claimA:appointTime	dateTime	#IMPLIED	
	claimA:registTime	dateTime	#IMPLIED	
	claimA:performTime	dateTime	#IMPLIED	
	claimA:accountTime	dateTime	#IMPLIED	
	claimA:admitFlag	boolean	#REQUIRED	
	claimA:timeClass	string	#IMPLIED	Claim001
	claimA:insuranceUid	string	#IMPLIED	
	claimA:defaultTableId	string	#IMPLIED	
1.1.1. claimA:patientDepartment	mmlDp:Department		?	
1.1.2. claimA:patientWard	mmlDp:Department		?	
1.1.3. mmlHi:insuranceClass	string	?		
1.2. claimA:bundle			+	
	claimA:classCode	string	#IMPLIED	
	claimA:classCodeId	string	#IMPLIED	
1.2.1. claimA:className		string	?	
1.2.2. claimA:claimBundlePoint		integer		
1.2.3. claimA:claimBundleRate		integer		
1.2.4. claimA:administration		string	?	
	claimA:adminCode	string	#IMPLIED	Claim006
	claimA:adminCodeId	string	#IMPLIED	
1.2.5. claimA:admMemo		string	?	
1.2.6. claimA:bundleNumber		integer	?	
1.2.7. claimA:methodPoint		integer	?	
1.2.8. claimA:materialPoint		integer	?	
1.2.9. claimA:drugPoint		integer	?	
1.2.10. claimA:ppsClass		boolean	?	
1.2.11. claimA:item			+	
	claimA:subclassCode	string	#IMPLIED	Claim003
	claimA:subclassCodeId	string	#IMPLIED	
	claimA:code	string	#REQUIRED	
	claimA:tableId	string	#IMPLIED	
	claimA:aliasCode	string	#IMPLIED	
	claimA:aliasTableId	string	#IMPLIED	
1.2.11.1. claimA:name		string		
1.2.11.2. claimA:number		decimal	*	
	claimA:numberCode	string	#REQUIRED	Claim004
	claimA:numberCodeId	string	#REQUIRED	

1.2.11.3.	claimA:claimPoint	claimA:unit	string	#IMPLIED	
1.2.11.4.	claimA:claimRate		integer	?	
1.2.11.5.	claimA:duration		timePeriod	?	
1.2.11.6.	claimA:location		string	*	
1.2.11.7.	claimA:film			*	
	claimA:filmSize		string		
		claimA:sizeCode	string	#IMPLIED	Claim005
		claimA:sizeCodeId	string	#IMPLIED	
		claimA:filmDivision	string	#IMPLIED	
	claimA:filmNumber		integer		
1.2.11.8.	claimA:event		string	?	
		claimA:eventStart	date	#IMPLIED	
		claimA:eventEnd	date	#IMPLIED	
1.2.11.9.	claimA:memo		string	?	
1.2.12.	claimA:memo		string	?	

## Additional element explanation

### 1.1. claimA:amountInformation

[Detail] Point/monetary amount header information. The item claimA:accountTime (account end date) is added as an attribute to the element claim:information of the appointment request module.

[Omission] Not allowed

[Attribute]

Attribute name	Data type	Omission	Table used	Explanation
claimA:status	string	#REQUIRED	Claim008	Status of point/monetary amount module Account (account end): account end status
claimA:oderTime	dateTime	#IMPLIED		Order issuance date/time CCYY-MM-DDThh:mm:ss or CCYY-MM-DD
claimA:appointTime	dateTime	#IMPLIED		Expected performance date/time CCYY-MM-DDThh:mm:ss or CCYY-MM-DD
claimA:performTime	dateTime	#IMPLIED		Performance date/time CCYY-MM-DDThh:mm:ss or CCYY-MM-DD
claimA:accountTime	dateTime	#IMPLIED		Account end date/time CCYY-MM-DDThh:mm:ss or CCYY-MM-DD
claimA:admitFlag	boolean	#REQUIRED		Inpatient/outpatient classification. Admission flag. true: inpatient; false: outpatient
claimA:timeClass	string	#IMPLIED	Claim001	Time classification
claimA:insuranceUid	string	#IMPLIED		Utilized insurance. Enter uid of Health Insurance Section of related insurance.
claimA:defaultTableId	string	#IMPLIED		Name of common medical request code system. Name of medical request code system that becomes default in same module.



### 1.2.2. claimA:claimBundlePoint

[Detail]	Total number of request points. This is the number of medical care bundle points related to medical requests, and is not the total number of claimA:item points simply repeated. Depends on integration and other factors. It is the total points obtained by multiplying by the number of times or number of days (1.2.6. claimA:bundleNumber). Units are in “points.”
[Data type]	integer
[Omission]	Not allowed

### 1.2.3. claimA:claimBundleRate

[Detail]	Total amount requested. Similar to that above, this is the monetary amount of medical care bundling related to medical requests, and is not the total monetary amount of claimA:item simply repeated. It is the total monetary amount obtained by multiplying by the number of times or number of days (1.2.4. claimA:bundleNumber). Units are in “yen.”
[Data type]	integer
[Omission]	Not allowed

### 1.2.7. claimA:methodPoint

[Detail]	Total number of procedure charge points. It is the total number of points obtained by multiplying by the number of times or number of days.
[Data type]	integer
[Omission]	Omission allowed

### 1.2.8. claimA:materialPoint

[Detail]	Total number of material charge points. It is the total number of points obtained by multiplying by the number of times or number of days.
[Data type]	integer
[Omission]	Omission allowed

### 1.2.9. claimA:drugPoint

[Detail]	Total number of pharmaceutical charge points. It is the total number of points obtained by multiplying by the number of times or number of days.
[Data type]	integer
[Omission]	Omission allowed

#### 1.2.10. claimA:ppsClass

- [Detail] Integration classification/integration flag. true: with integration; false: without integration.  
There are no established rules covering omissions.
- [Data type] boolean
- [Omission] Omission allowed

#### 1.2.11.3. claimA:claimPoint

- [Detail] Number of request points. Number of request points at detail level. Taking into account materials having no points, can be omitted.
- [Data type] integer
- [Omission] Omission allowed

#### 1.2.11.4. claimA:claimRate

- [Detail] Itemized unit cost. Requested monetary amount at detail level. Depending on integration and other factors, the repeated total amount may not match the aforementioned 1.2.3. claimA:claimBundleRate amount.
- [Data type] integer
- [Omission] Not allowed

***Appointment request module DTD***

***Point/monetary amount module DTD***

Refer to the MML Version 2.3 DTD.

## *CLAIM table list*

Table id	Value	Description	Explanation
Claim001			Time classifications
	0	During business hours	
	1	During nonbusiness hours	
	2	Holiday	
	3	Night	
Claim002			Medical care action classification codes
	110	Initial examination fee	Each item of A000 "Initial examination fee" in Chapter 1 of comments in Medical Department point table
	120	Follow-up examination fee	Each item of A001 "Follow-up examination fee" and A001-2 "Designated functional hospital outpatient examination fee" in Chapter 1 of comments in Medical Department point table
	130	Guidance fee	Each item of "Guidance control" in Chapter 2, Section 1, of comments in Medical Department point table
	140	Home care fee	Each item of "Home medical care" in Chapter 2, Section 2, of comments in Medical Department point table
	210	Oral medicine fee	Items related to oral medicine in Chapter 2, Section 5, Subsection 1, "Medicine preparation fee," and Subsection 3, "Medicine fee," in comments of Medical Department point table Excludes item covering medicine preparation fees related to narcotics and poison.
	220	Medicine dosage	Items related to medicine dosage in Chapter 2, Section 5, Subsection 1, "Medicine preparation fee," and Subsection 3, "Medicine fee," in comments of Medical Department point table Excludes item covering medicine preparation fees related to narcotics and poison.
	230	External use	Items related to external use in Chapter 2, Section 5, Subsection 1, "Medicine preparation fee," and Subsection 3, "Medicine fee," in comments of Medical Department point table Excludes item covering medicine preparation fees related to narcotics and poison.
	240	Prescription writing fee	Items of Chapter 2, Section 5, Subsection 2, "Prescription writing fee," in comments of Medical Department point table. Excludes items related to narcotics and poison.
	250	Narcotic/poison markup	Items related to narcotics and poison in Chapter 2, Section 5, Subsection 1, "Medicine preparation fee," and Subsection 2, "Prescription writing fee," in comments of Medical Department point table
	260	Basic fee for medicine preparation technology	Items of Chapter 2, Section 5, Subsection 6, "Basic fee for medicine preparation technology," in comments of Medical Department point table
	270	Prescription fee	Items of Chapter 2, Section 5, Subsection 5, "Prescription fee," in comments of Medical Department point table
	310	Hypodermic/intramuscular injection	Items of G000, "Hypodermic/intramuscular injection," in Chapter 2, Section 6, Subsection 1, "Injection fee," and Subsection 2, "Medicine fee," in comments of Medical Department point table
	320	Intravenous injection	Items of G001, "Intravenous injection," in Chapter 2, Section 6, Subsection 1, "Injection fee," and Subsection 2, "Medicine fee," in comments of Medical Department point table

330	Other injection	Items other than G000 and G001 in Chapter 2, Section 6, Subsection 1, "Injection fee," and items of Subsection 2, "Medicine fee," in comments of Medical Department point table
340	Self-injection	Self-injected medicines such as insulin in Chapter 2, Section 6, "Dosage of injected medicine," in comments of Medical Department point table
410	Treatment fee	Items of Chapter 2, Section 9, Subsection 1, "Treatment fee," in comments of Medical Department point table
480	Treatment material	Items of Chapter 2, Section 9, Subsection 3, "Designated insured medical supplies fee," in comments of Medical Department point table
490	Treatment medicine	Items of Chapter 2, Section 9, Subsection 2, "Medicine fee," in comments of Medical Department point table
510	Surgery fee	Items of Chapter 2, Section 10, Subsection 1, in comments of Medical Department point table
520	Blood transfusion fee	Items of Chapter 2, Section 10, Subsection 2, in comments of Medical Department point table
530	Plaster cast fee	Items of Chapter 2, Section 10, Subsection 3, in comments of Medical Department point table
540	Anesthesia fee	Items of Chapter 2, Section 11, Subsections 1 and 2, in comments of Medical Department point table
580	Surgery material	Items of Chapter 2, Section 10, Subsection 5, and Section 11, Subsection 4, in comments of Medical Department point table
590	Surgery medicine	Items of Chapter 2, Section 10, Subsection 4, and Section 11, Subsection 3, in comments of Medical Department point table
610	Laboratory test fee	Items of Chapter 2, Section 3, Subsection 1, "Laboratory test fee," in comments of Medical Department point table
620	Pathological test fee	Items of Chapter 2, Section 3, Subsection 2, "Pathological test fee," in comments of Medical Department point table
630	Biological test fee	Items of Chapter 2, Section 3, Subsection 3, "Biological test fee," in comments of Medical Department point table
640	Other test fee	Items of Chapter 2, Section 3, Subsection 4, "Diagnostic puncture and sampling fee," in comments of Medical Department point table
680	Test material	Items of Chapter 2, Section 3, Subsection 6, "Designated insured medical supplies fee," in comments of Medical Department point table
690	Test medicine	Items of Chapter 2, Section 3, Subsection 5, "Medicine fee," in comments of Medical Department point table
710	X-ray diagnosis fee	Items of Chapter 2, Section 4, Subsection 1, "X-ray diagnosis fee," in comments of Medical Department point table Excludes E003, "Contrast medium injection procedure," in same subsection.
720	Nuclear medicine diagnosis fee	Items of Chapter 2, Section 4, Subsection 2, "Nuclear medicine diagnosis fee," in comments of Medical Department point table
730	Computer tomography diagnosis fee	Items of Chapter 2, Section 4, Subsection 3, "Computer tomography diagnosis fee," in comments of Medical Department point table
740	Procedure fee/other	E003, "Contrast medium injection procedure," in Chapter 2, Section 4, Subsection 1, "X-ray diagnosis fee," in comments of Medical Department point table
780	X-ray material	Items of Chapter 2, Section 4, Subsection 5, "Designated insured medical supplies fee," in comments of Medical Department point table

790	X-ray pharmaceutical	Items of Chapter 2, Section 4, Subsection 4, "Medicine fee," in comments of Medical Department point table
810	Physical therapy	Items of Chapter 2, Section 7, "Rehabilitation," in comments of Medical Department point table
820	Psychotherapy	Items of Chapter 2, Section 8, "Psychiatric Department/specialized therapy fee," in comments of Medical Department point table
830	Radiation therapy fee	Items of Chapter 2, Section 12, "Radiation therapy," in comments of Medical Department point table
840	Other	Other
910	Room fee	Hospitalization environment fee from Chapter 1, A002, "Hospital charges," in comments of Medical Department point table
920	Nursing fee	Nursing fee from Chapter 1, A002, "Hospital charges," in comments of Medical Department point table
930	Meal fee	Alimentotherapy charge
940	Medical management fee	Items of Chapter 1, A003, "Medical management fee upon admission," in comments of Medical Department point table
950	Partial charge upon admission	Partial charge upon admission
951	Partial charge for pharmaceuticals	Partial charge for pharmaceuticals
952	Partial charge for meals	Partial charge for meals
953	Other partial charges	Other partial charges
960	Room differential	Room differential
970	Serious illness surcharge	Serious illness surcharge from Chapter 1, A002, "Hospital charges," in comments of Medical Department point table
980	ICU surcharge	Items of Chapter 1, A004, "Designated hospital charges," in comments of Medical Department point table
990	Hospital charges/other (such as hospital gown rental)	Other
011	Childbirth fee	
012	Document fee	
013	Container fee	
014	Privately paid medical examination	
015	State-of-the-art medical care	
019	Other cash expenses borne by patient	
Claim003		Medical care subclass
0	Procedure	
1	Material	
2	Pharmaceuticals	
Claim004		Number code
10	Drug dosage	
11	Drug dosage (1 time)	
12	Drug dosage (1 day)	
21	Number of materials	Number of items of material
22	Unit cost of material (yen)	Cost per unit amount entered in claim:unit
30	Gas dosage for medical care	
Claim005		Film size code
01	Cutting into 8 parts	
02	Cutting into 6 parts	
03	Cutting into quarters	
04	Cutting into 4 large quarters	
05	Large square	
06	Half size	
07	Half size (for computer tomography)	
Claim006		Administration code

\* Method of administering is included in quotation marks (“ ”) with comments.

External  
use

- G001 As instructed by doctor
- G002 “ ” use
- G003 Use before going to bed
- G004 Use in morning
- G005 Use in morning/afternoon
- G006 Use in morning/evening
- G007 Use in evening/before bed
- G008 Use in morning/afternoon/evening
- G009 Use in morning/afternoon/evening/before bed
- G010 Use in morning/evening/before bed
- G011 Mix
- G012 Use once a day
- G013 Use twice a day
- G014 Use 3 times a day
- G015 Use 4 times a day
- G016 Use 5 times a day
- G017 Use as needed
- G018 Medicine may change
- G020 Use every other day

Oral

- J1 Once daily: Take at suitable time
- J100 Once daily: Take “ ”
- J11 Take all at once
- J111 Once daily: Take after breakfast
- J112 Once daily: Take before breakfast
- J113 Once daily: Take after lunch
- J114 Once daily: Take before lunch
- J131 Once daily: Take after supper
- J132 Once daily: Take before supper
- J18 Once daily: Take before bed
- J19 Once daily: Take after waking in morning
- J2 Twice daily: Take every 12 hours
- J20 Twice daily: Take at suitable times
- J200 Twice daily: Take “ ”
- J204 Twice daily: Take after waking and before bed
- J21 Twice daily: Take 2 tablets in morning and 1 tablet in afternoon
- J211 Twice daily: Take after breakfast and lunch
- J212 Twice daily: Take before breakfast and lunch
- J221 Twice daily: Take after breakfast and supper
- J222 Twice daily: Take before breakfast and supper
- J223 Twice daily: Take before breakfast and after supper
- J231 Twice daily: Take after breakfast and before bed
- J232 Twice daily: Take before breakfast and before bed
- J233 Twice daily: Take after waking and after supper
- J234 Twice daily: Take after supper and before bed
- J3 3 times daily: Take every 8 hours
- J30 3 times daily: Take at suitable times
- J300 3 times daily: Take “ ”
- J3034 3 times daily: Take after waking, after supper, and before bed
- J311 3 times daily: Take after each meal
- J312 3 times daily: Take before each meal
- J313 3 times daily: Take before breakfast and after lunch and supper

- J314 3 times daily: Take after breakfast, after supper, and before bed
- J33 3 times daily: Take between meals
- J4 4 times daily: Take every 6 hours
- J40 4 times daily: Take at suitable times
- J400 4 times daily: Take “ ”
- J404 4 times daily: Take early in morning with empty stomach, between meals, and before bed
- J412 4 times daily: Take before each meal and before bed
- J413 4 times daily: Take after each meal and before bed
- J5 5 times daily: Take before each meal, at 3 p.m., and before bed
- J500 Once daily: morning
- J501 Twice daily: morning and afternoon
- J502 Twice daily: morning and evening
- J503 Twice daily: evening and before bed
- J504 3 times daily: morning/afternoon/evening
- J505 4 times daily: morning, afternoon, evening, and before bed

As needed

- T11 Take all at once
- T18 Take for fever
- T19 Take for pain
- T20 Take for spasms
- T21 Take for vomiting
- T22 Take for constipation
- T23 Take for insomnia
- T24 Take for stomach ache
- T25 Take for headache
- T26 Take for anxiety
- T27 Take for diarrhea
- T28 Take for bad cough
- T29 (All) Once: Take after breakfast
- T30 (All) Twice: Take after breakfast and supper
- T31 Take when blood pressure is high
- T32 Take for heartburn
- T33 Take for loss of appetite
- T34 Take when irritated
- T35 Take when dizzy
- T36 Take when very dizzy
- T37 Take for itchiness
- T38 Take for nausea
- T39 Take for pollakiuria (frequent urination)
- T40 Take for middle-of-the-night insomnia
- T41 Take at “ ” (time)

Claim007 Medical care action classification codes for receipt computer

(Point column/tabulation destination code list for receipt computer system)

Class	Medical Department	
	Point total destination identification (hospitalization)	Point total destination identification (other than hospitalization)
000	Unassigned	
110	Initial examination	
120		Follow-up exam (follow-up exam)
122		Follow-up exam (outpatient control surcharge)
123		Follow-up exam (nonbusiness hours)



124		Follow-up exam (holiday)
125		Follow-up exam (night)
130	Guidance	
140	Home care	
210		Administration (oral/dose/preparation) (other than hospitalization)
230		Administration (external use/preparation) (other than hospitalization)
240	Administration (preparation) (hospitalization)	
250		Administration (prescription)
260	Administration (narcotic/poison)	
270	Administration (base preparation)	
300	Injection (biological formulation, precision continuous intravenous drip, narcotic)	
311		Injection (Hypodermic/intramuscular)
321		Injection (intravenous)
331	Injection (Other)	
400	Treatment	
500	Surgery (surgery)	
502	Surgery (blood transfusion)	
503	Surgery (plaster cast)	
540	Anesthesia	
600	Test	
700	Image diagnosis	
800	Other	
903	Hospitalization (hospital charges)	
906	Hospitalization (outside lodging)	
910	Hospitalization (medical management fee upon admission)	
920	Hospitalization (designated hospital charge/other)	
970	Meals (alimentootherapy)	
971	Meals (standard charge)	

Table id	Value	Description	Explanation
Claim008			Status
	appoint	Appointment	
	regist	Registration	
	perform	Performance	
	account	Account end	

Table id	Value	Description	Explanation
Claim009			Appointment
	consult	Consultation	
	doctor	Consultation (doctor's instructions)	Enter specific doctor's name in memo.
	rehabilitation	Rehabilitation	
	medication	Medication	
	injection	Injection	
	test	Test	
	bloodTest	Blood test	
	radTest	Radiation test	
	treatment	Treatment	
	urgent	Urgent	
nextConsult	Next consultation	Enter note such as "next spring" in memo.	