

Anpassungen XML-Standard generalInvoice 5.0

2. Konsultation

fachorgan@forum-datenaustausch.ch

10.09.2024

Inhalte der Präsentation

- Anpassungen XML Standard generalInvoice 4.5 → 5.0 (1.K.) → 5.0 (2.K.)
- Anpassungen Dokumentation im XML-Browser generalInvoice 5.0
- Anpassungen Service-Attribute

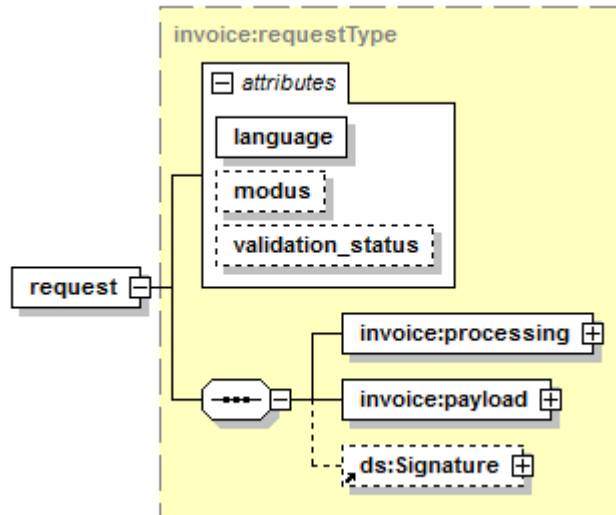
Anpassungen XML-Standard

generalInvoice 4.5 → 5.0 (1.K.) → 5.0 (2.K.)

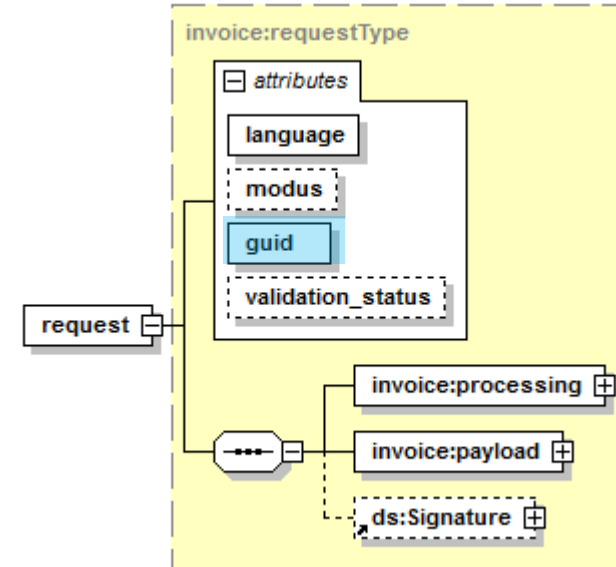
Anpassungen generalRequest

Anpassungen request

4.5 & 5.0 (1.K.)



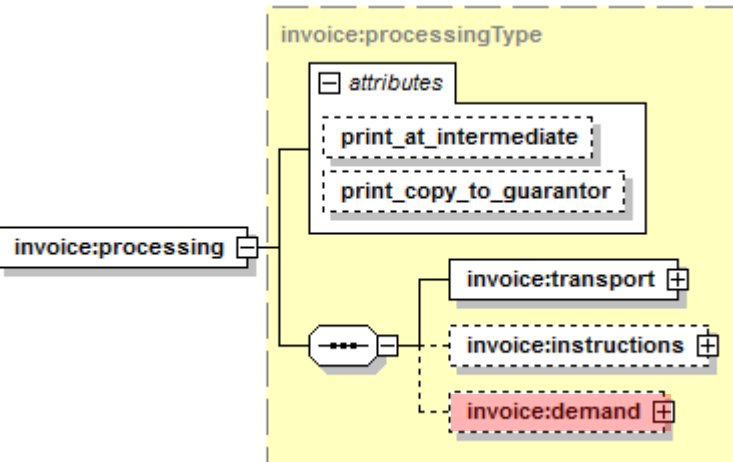
5.0 (2.K.)



guid wird verschoben von invoice / reminder
 Grund: Die guid wird auf Ebene Dokument geniert

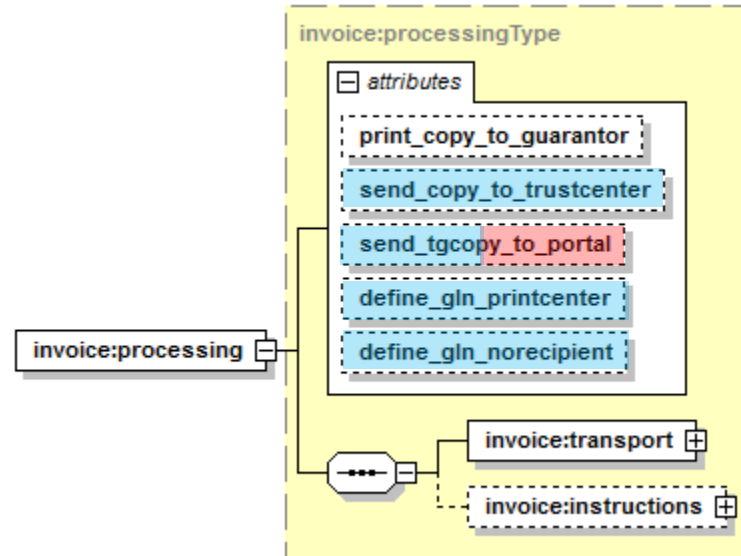
Anpassungen processing

4.5



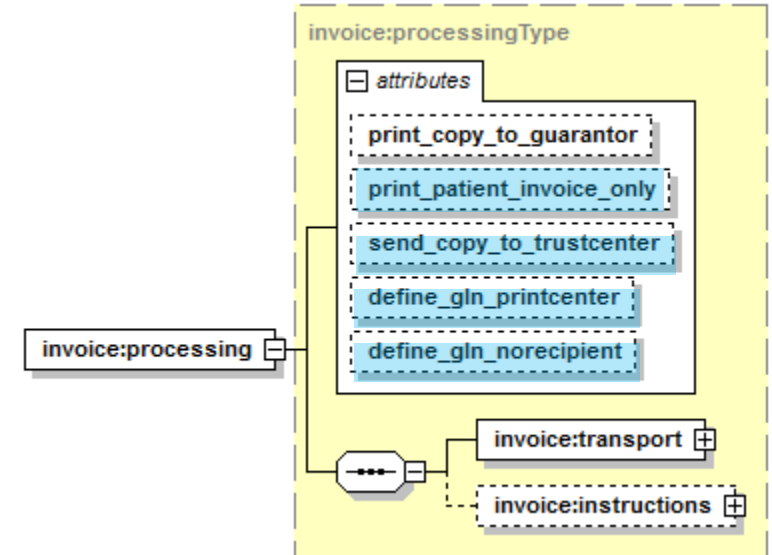
Ausbau «demand» ist nur ESR alt

5.0 (1.K.)



Einbau Copy Trustcenter Zustellung standardisiert
 Einbau Copy Portal-Zustellung
 Printcenter GLN standardisiert
 Keine elektronische Weiterleitung standardisiert

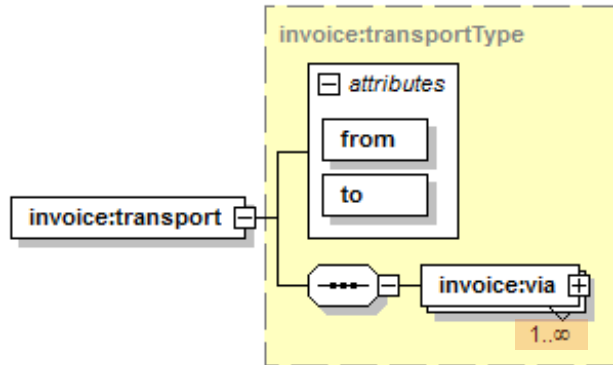
5.0 (2.K.)



Einbau Copy Trustcenter Zustellung standardisiert
 Rückbau Copy Portal-Zustellung
 Printcenter GLN standardisiert
 Keine elektronische Weiterleitung standardisiert
 Rechnung nur an Patient
 → Restbetrag TS oder TP modified

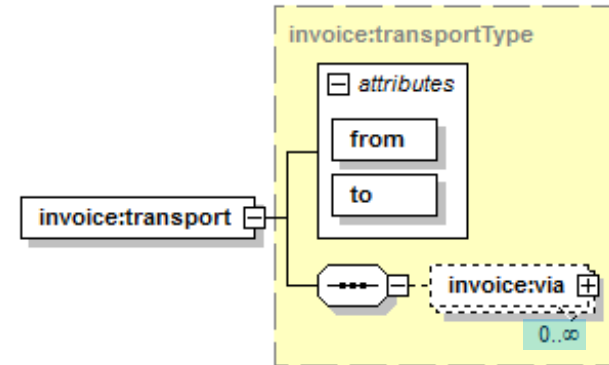
Anpassungen transport

4.5



Intermediär ist zwingend notwendig

5.0 (1.K. & 2.K.)

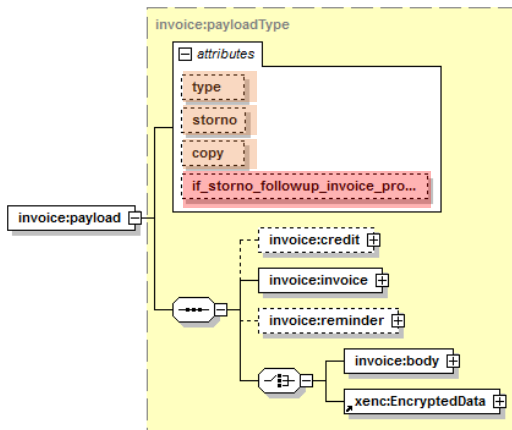


Intermediär ist optional

- Direkte Kommunikation wird dadurch ermöglicht
- Indirekte Kommunikation ist weiterhin möglich

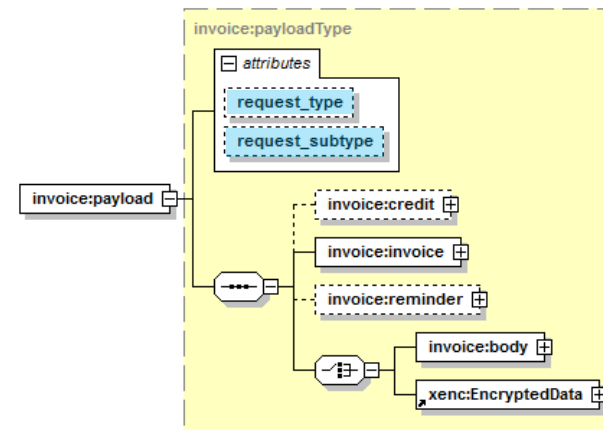
Anpassungen payload

4.5



Parametersteuerung nur mit type ist eingeschränkt
 If_storno... hat sich nicht bewährt → gelöscht

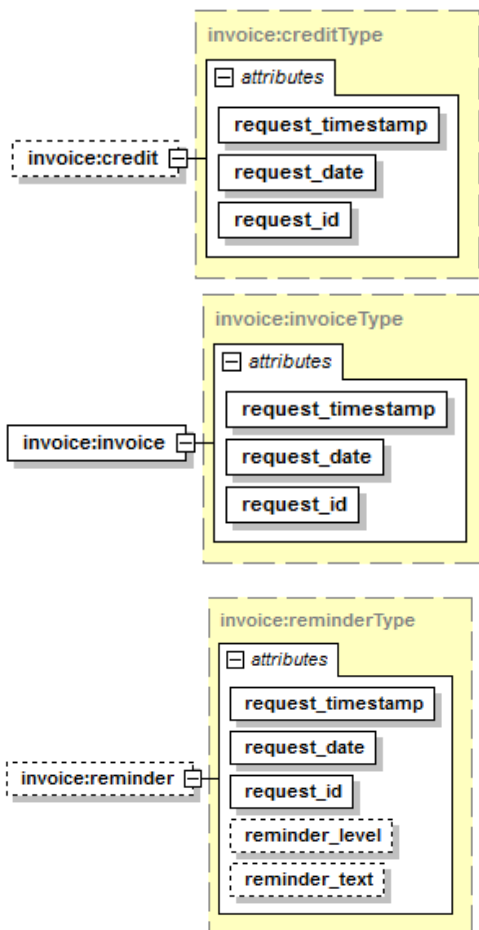
5.0 (1.K. & 2.K.)



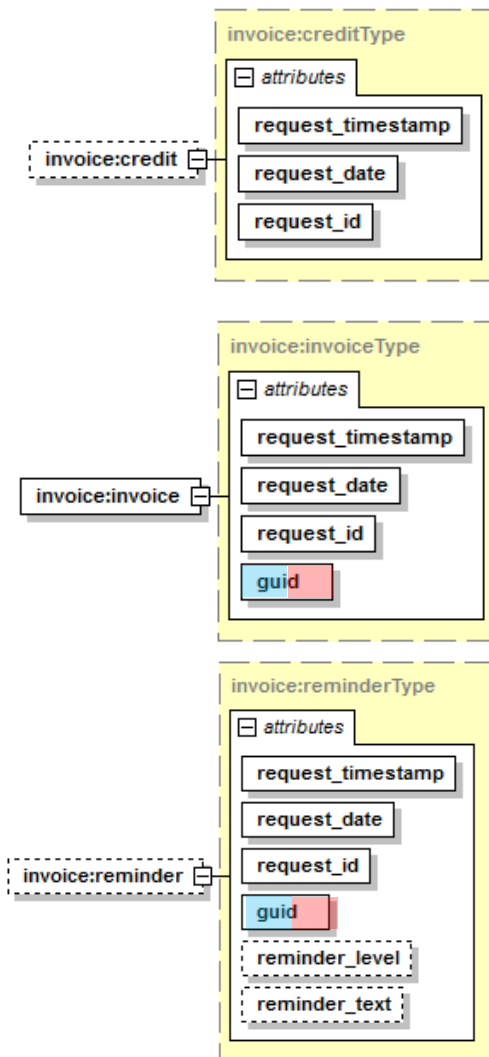
Parametersteuerung strukturiert als type und subtype
 → Ermöglicht eine bessere Handhabung

Anpassungen credit / invoice / reminder

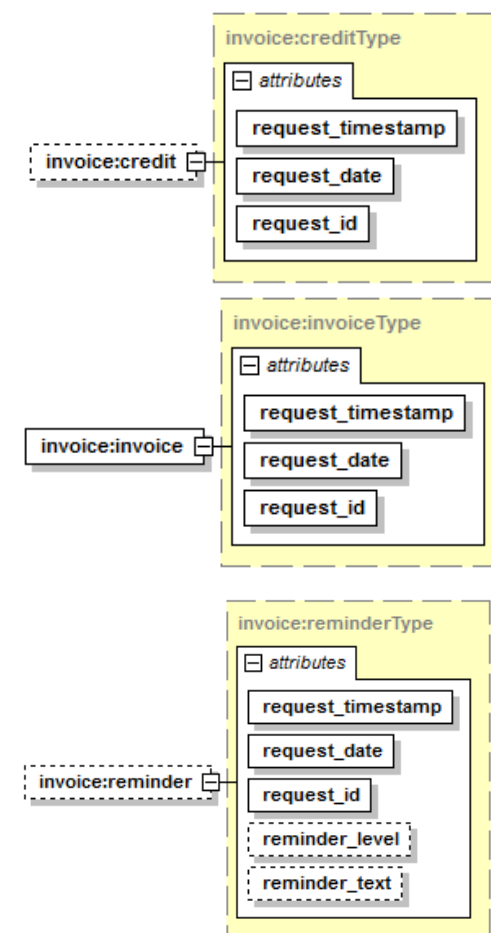
4.5



5.0 (1.K.)

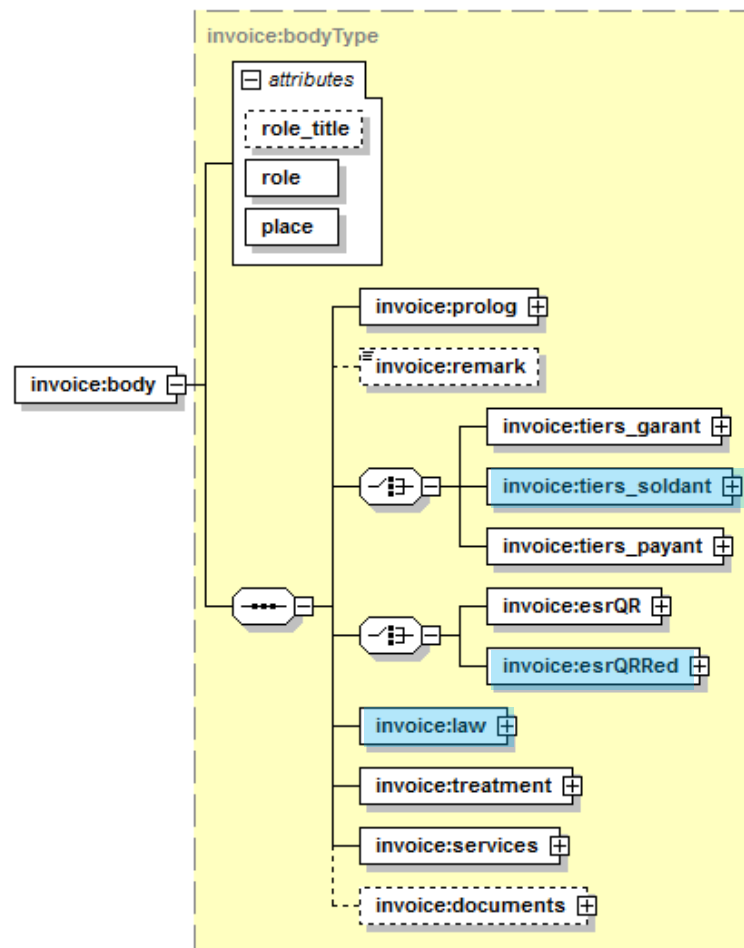


5.0 (2.K.)



guid auf Ebene Request / verschoben

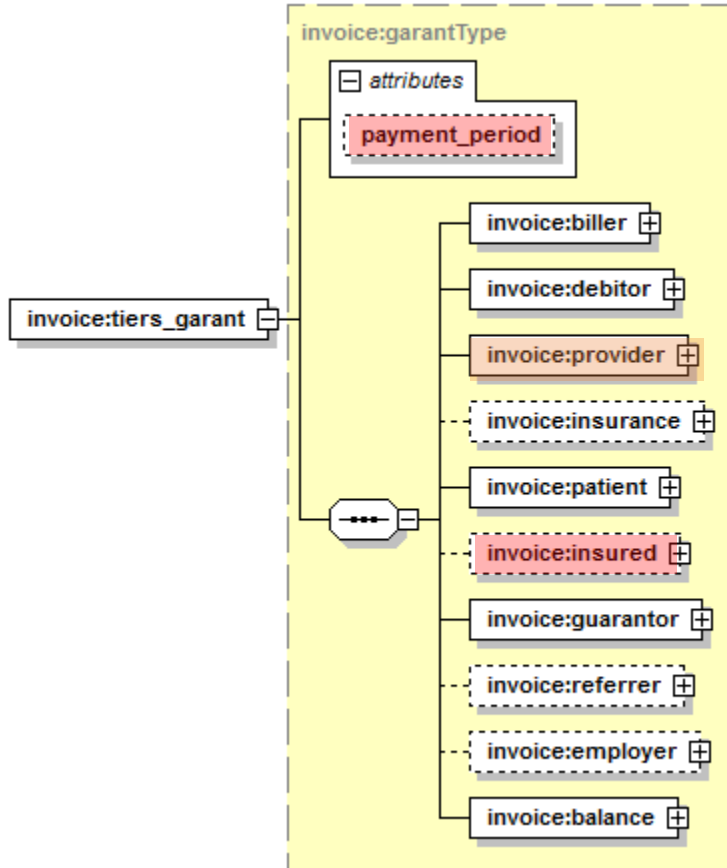
5.0 (1.K. & 2.K.)



Einbau fehlender esrQRRed
Einbau fehlender Tiers soldant
Einbau law-Type

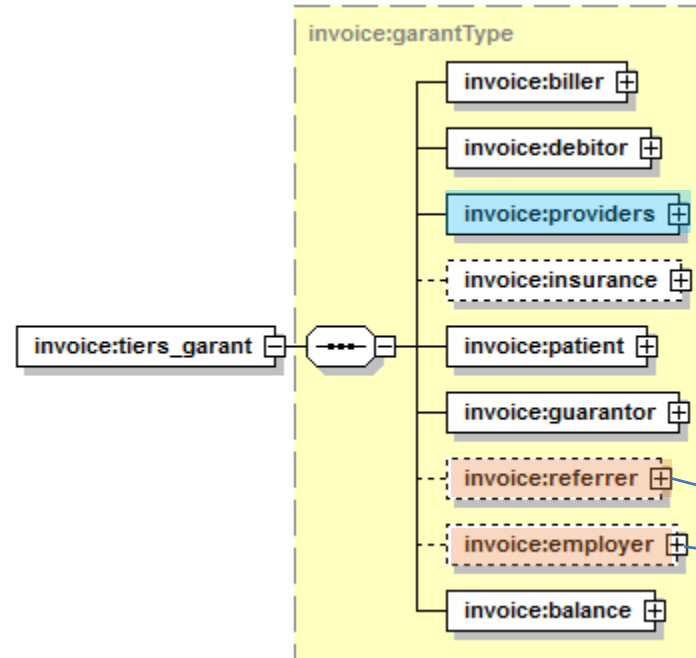
Anpassungen tiers_garant

4.5



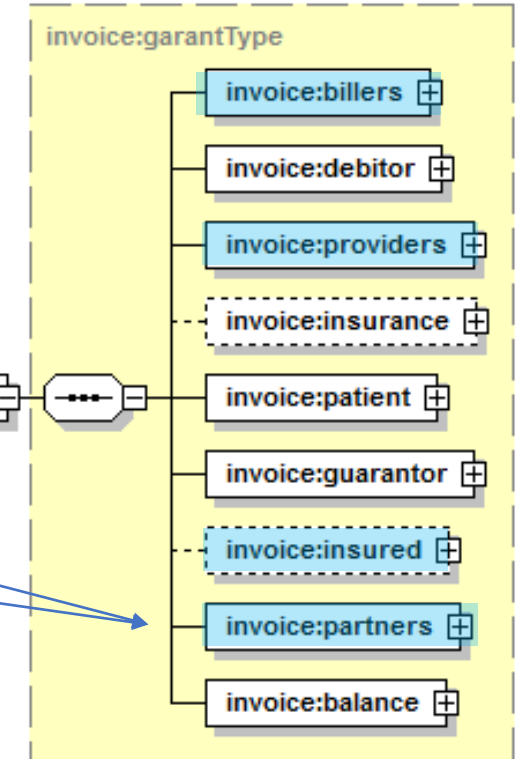
Ausbau `payment_period` → Teil von `esrQR`
Ausbau von `insured`

5.0 (1.K.)



Einbau Entkoppelung `providers` `zsr/gln`
Überführung `referrer` und `employer` in `partners`

5.0 (2.K.)



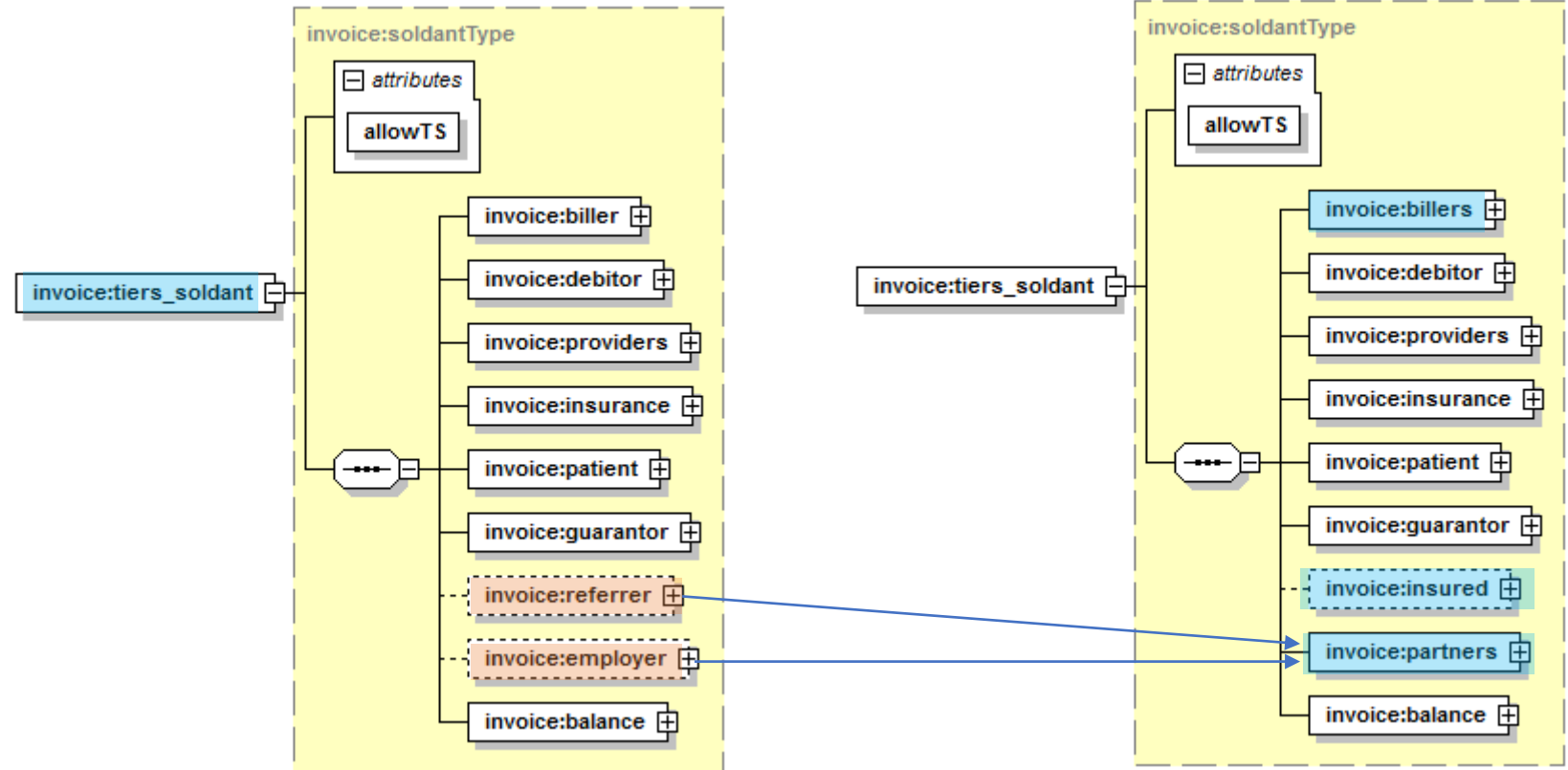
Einbau Entkoppelung `billers` `zsr/gln`
Einbau Entkoppelung `providers` `zsr/gln`
Wiedereinbau von `insured`
Einbau `partners`

Anpassungen tiers_soldant

4.5

5.0 (1.K.)

5.0 (2.K.)

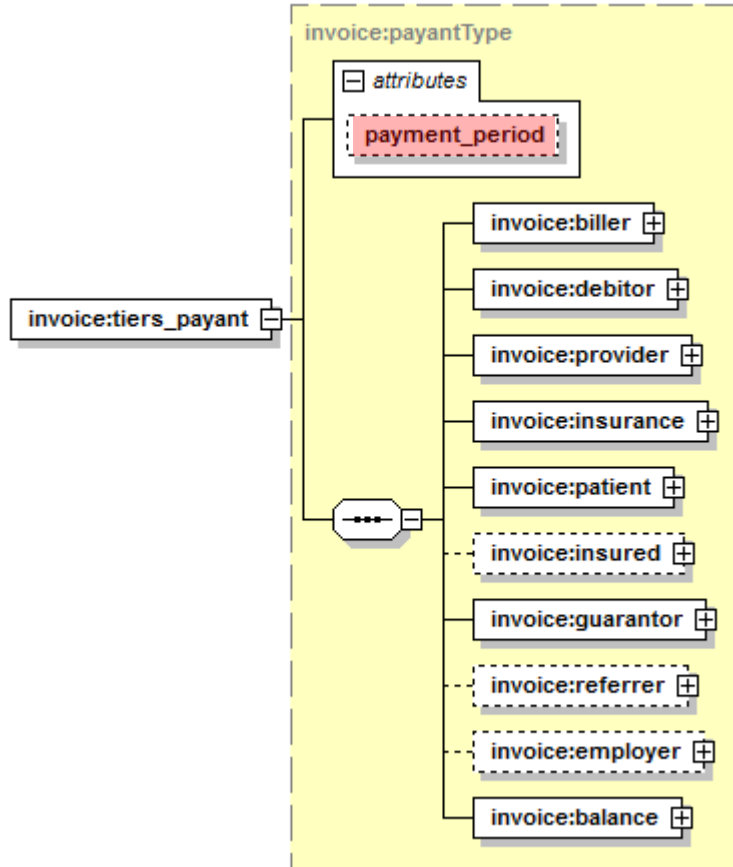


Einbau fehlende Tiers soldant Strukturen
 Überführung referrer und employer in partners

Einbau Entkoppelung billers zsr/gln
 Einbau insured
 Einbau partners

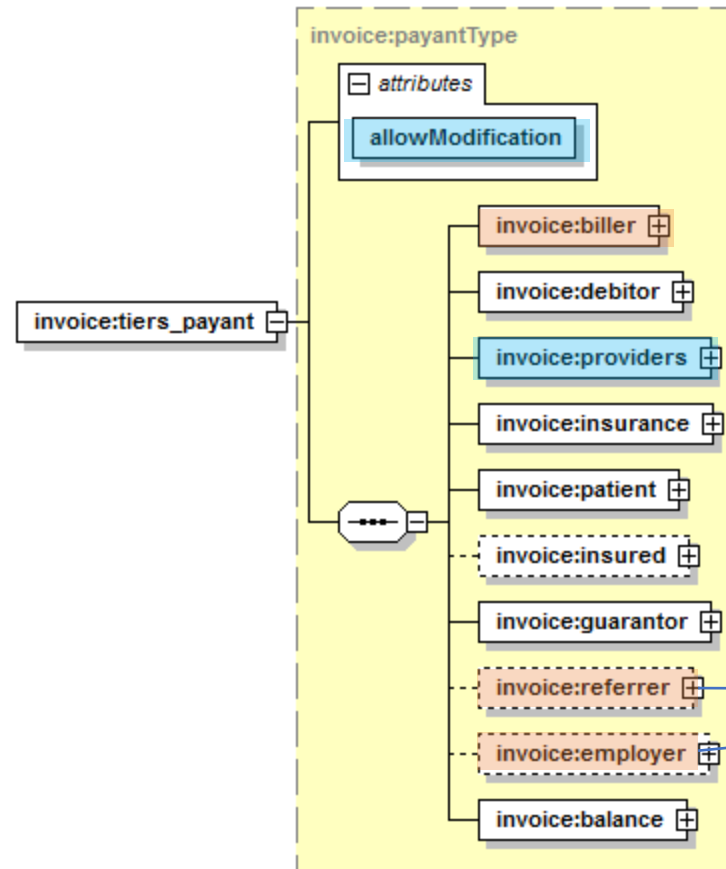
Anpassungen tiers_payant

4.5



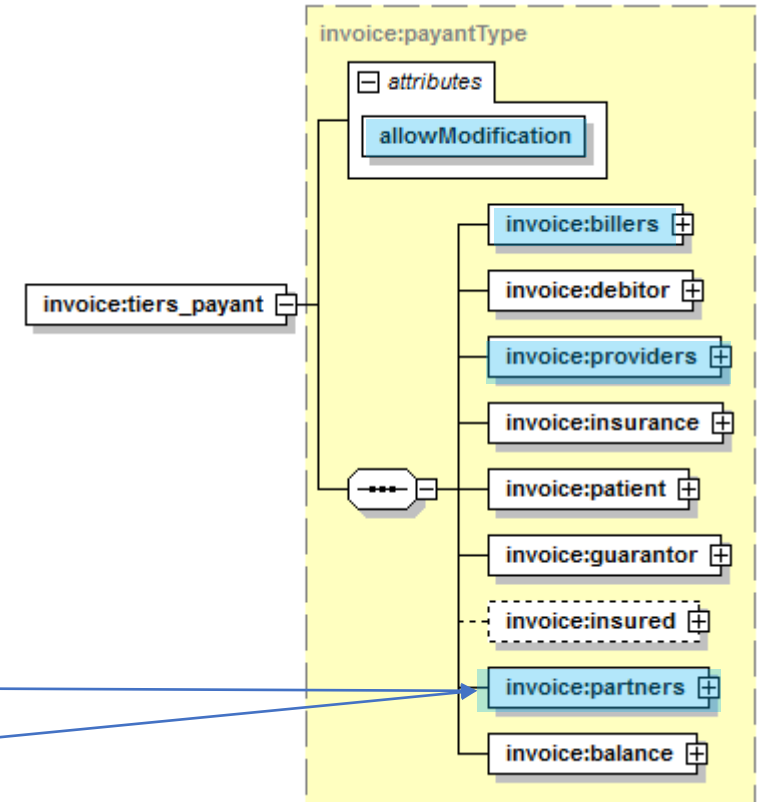
Ausbau `payment_period` → Teil von `esrQR`

5.0 (1.K.)



Einbau Erlaubnis für Modifikation
Löschen `zsr` in `biller`
Überführung `referrer` und `employer` in `Partner-Type`
Einbau Entkoppelung `providers` `zsr/gln`

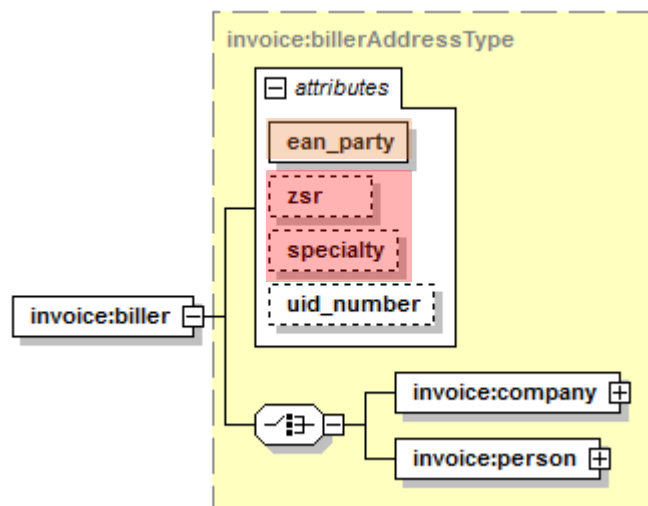
5.0 (2.K.)



Einbau Erlaubnis für Modifikation
Einbau Entkoppelung `zsr/gln` `providers`
Einbau Entkoppelung `zsr/gln` `billers`
Einbau `partners`

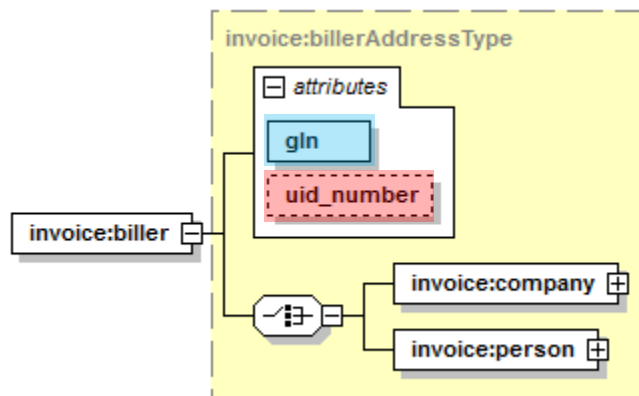
Anpassungen biller (alle tiers)

4.5



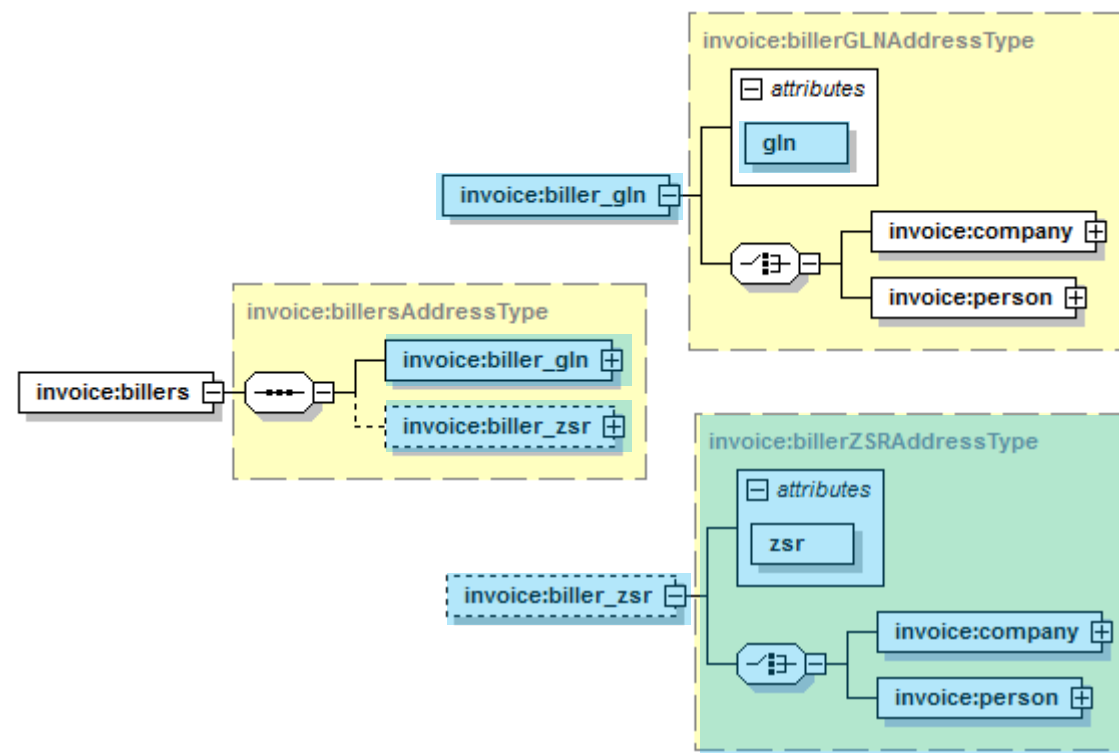
Rename ean → gln
 Ausbau zsr
 Ausbau speciality «Dignität»

5.0 (1.K.)



Rename als gln
 Umplatzierung uid_number → provider

5.0 (2.K.)



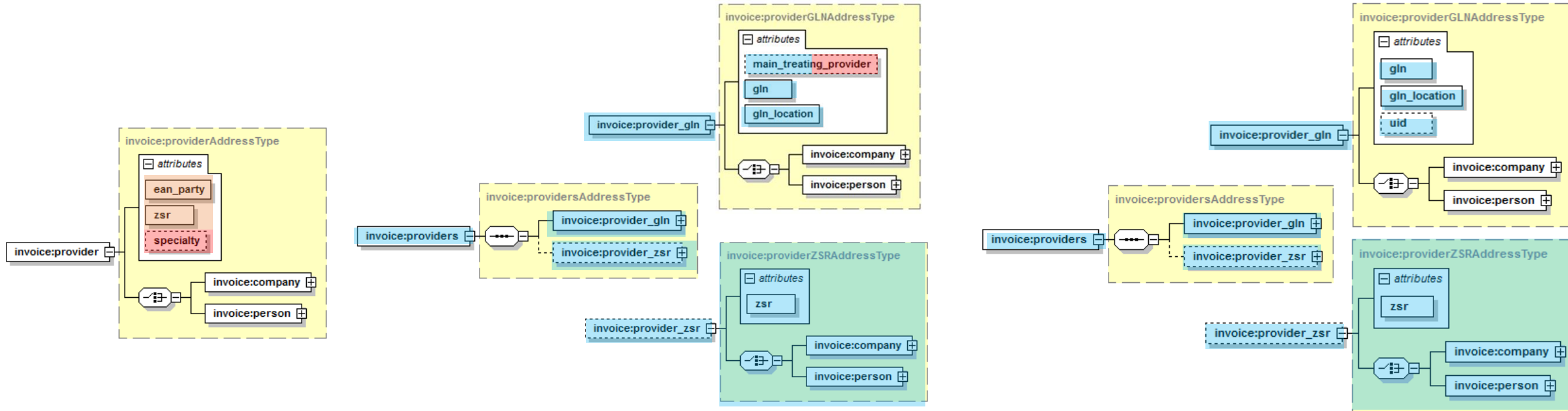
Rename als gln
 Entkoppelung zsr / gln mit zwei Adressen
 Einbau gln zwingend → Gesetz
 Einbau zsr optional → Vertrag

Anpassungen provider (alle tiers)

4.5

5.0 (1.K.)

5.0 (2.K.)



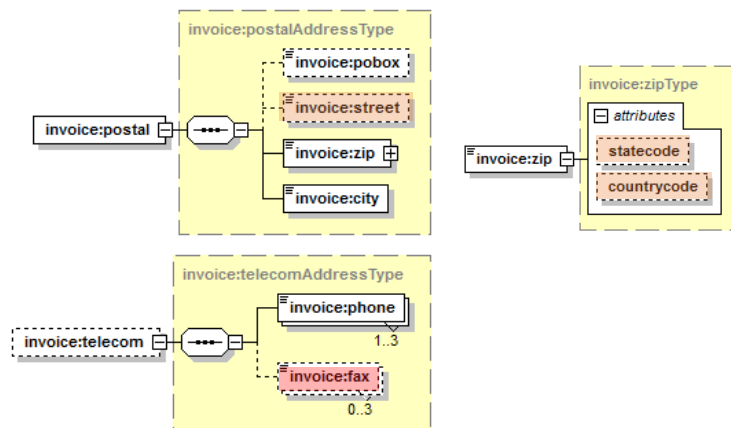
Rename ean → gln
 Ausbau zsr
 Ausbau speciality «Dignität»

Entkoppelung gln & zsr mit zwei Adressen
 Einbau gln-Struktur zwingend → Gesetz
 Einbau zsr-Struktur optional → Vertrag
 Einbau main_treating_provider

Entkoppelung gln & zsr mit zwei Adressen
 Einbau gln-Struktur zwingend → Gesetz
 Einbau zsr-Struktur optional → Vertrag
 Überführung main_treating_provider
 in partners
 Übernahme uid aus biller

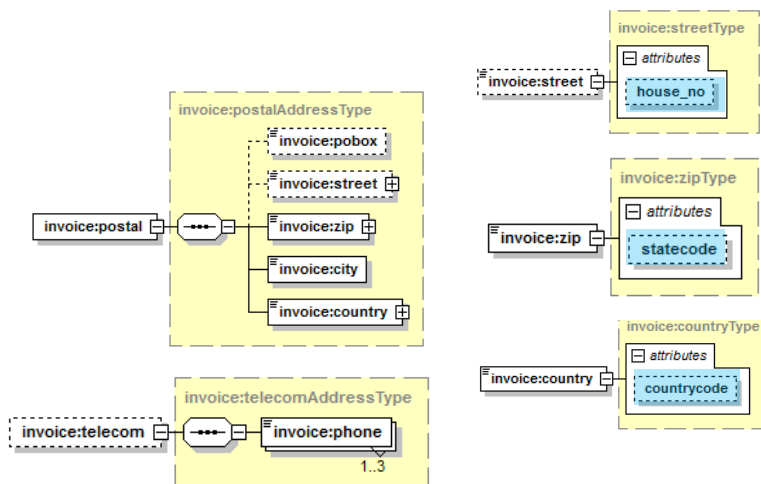
Anpassungen Adresse (alle)

4.5



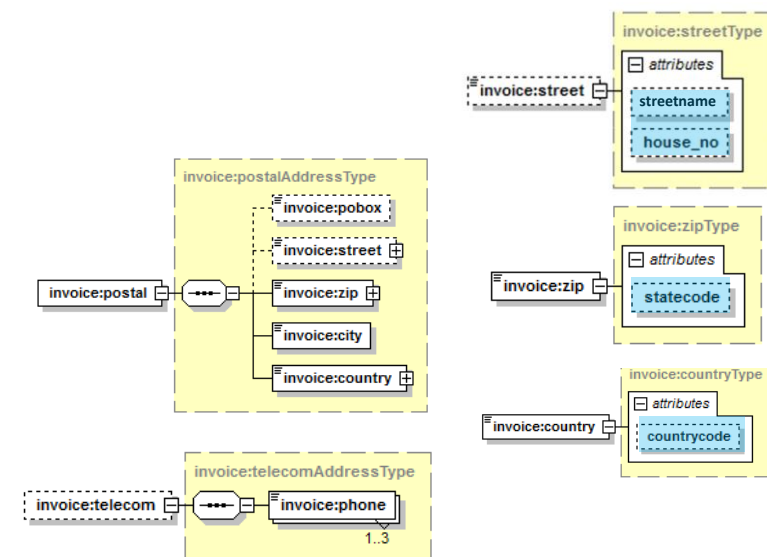
Ein Feld für Strassenname und Hausnummer
 Ausbau fax-Nummer
 countrycode Teil von zip

5.0 (1.K.)



Sanfter Übergang Trennung von Hausnummer
 Entkoppelung statecode und countrycode

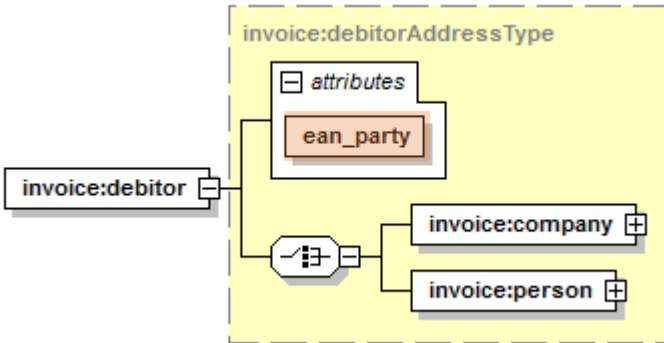
5.0 (2.K.)



Sanfter Übergang Trennung von
 Strassenname und Hausnummer
 Entkoppelung statecode und countrycode

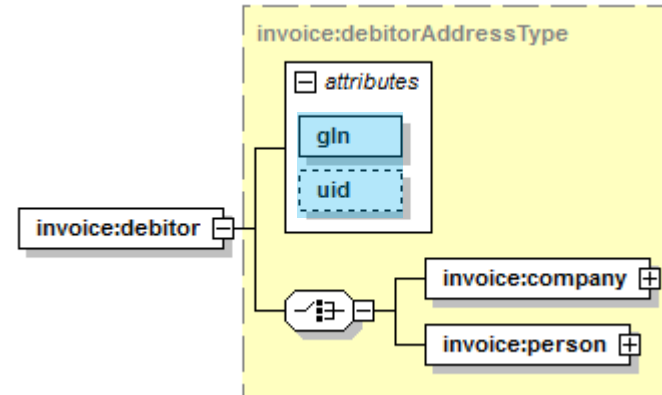
Anpassungen debtor (alle tiers)

4.5



Rename ean → gln

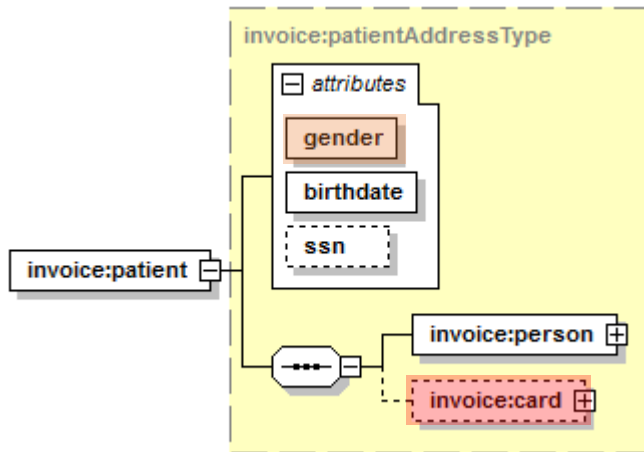
5.0 (1.K. & 2.K.)



Einbau gln
 Einbau optionale uid

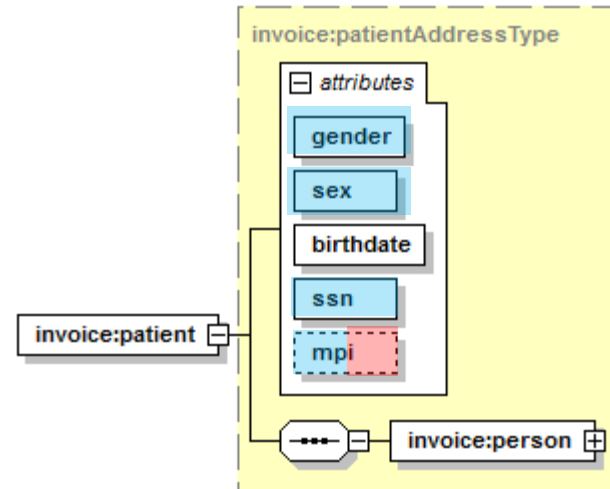
Anpassungen patient (alle tiers)

4.5



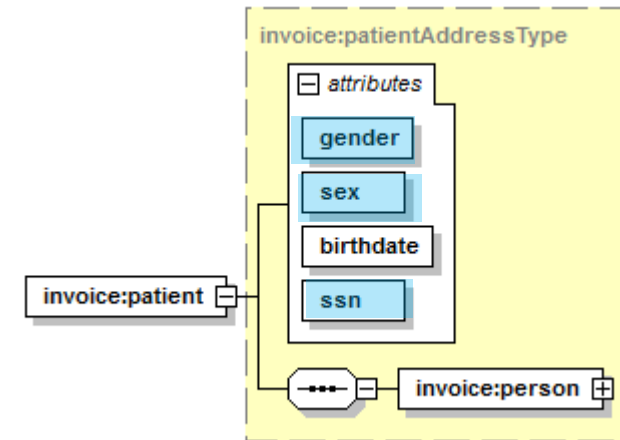
Keine Trennung von
 → sozialem Geschlecht «gender»
 → biologischen Geschlecht «sex»
 Überführung von card_id zu law

5.0 (1.K.)



Erweiterung soziales Geschlecht gender «m/f/**d**»
 Einführung biologisches Geschlecht sex mit «f/m»
 Optional → Zwingende ssn (AHV-Nr.)
 Einbau mpi MasterPatientIndex

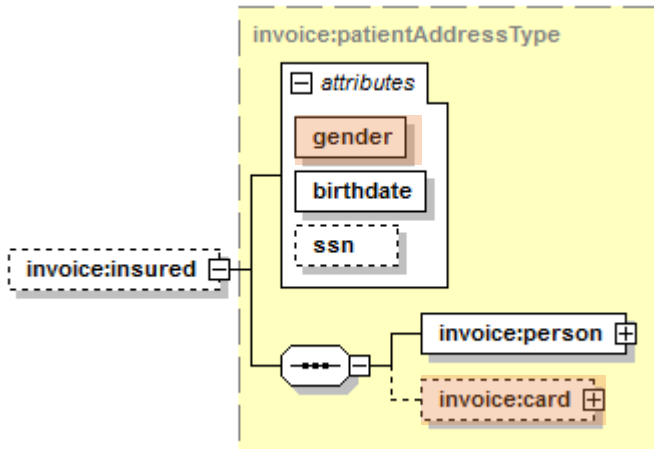
5.0 (2.K.)



Erweiterung soziales Geschlecht gender «m/f/**d**»
 Einführung biologisches Geschlecht sex mit «f/m»
 Optional → Zwingende ssn (AHV-Nr.)
 Rückbau mpi MasterPatientIndex

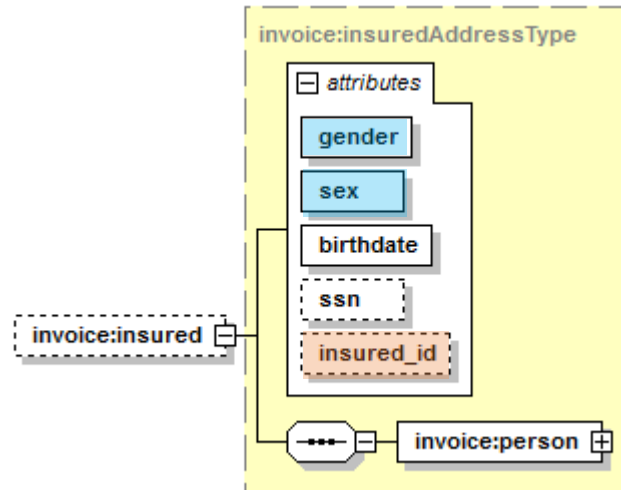
Anpassungen insured (alle tiers)

4.5



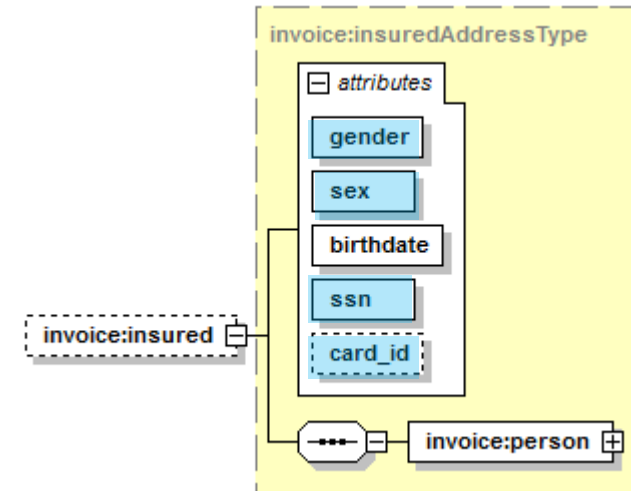
Keine Trennung von
 → sozialem Geschlecht «gender»
 → biologischen Geschlecht «sex»
 Überführung von card_id zu insured

5.0 (1.K.)



Erweiterung drittes Geschlecht gender «m/f/**d**»
 Einführung biologisches Geschlecht sex «f/m»
 Überführung insured_id aus card

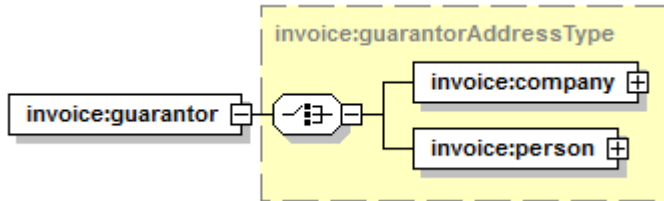
5.0 (2.K.)



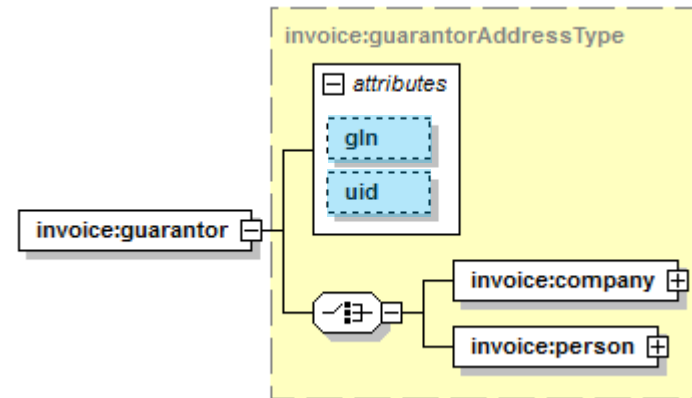
Erweiterung drittes Geschlecht gender «m/f/**d**»
 Einführung biologisches Geschlecht sex «f/m»
 Optional → Zwingende ssn (AHV-Nr)
 Rename insured_id → card_id

Anpassungen guarantor (alle tiers)

4.5



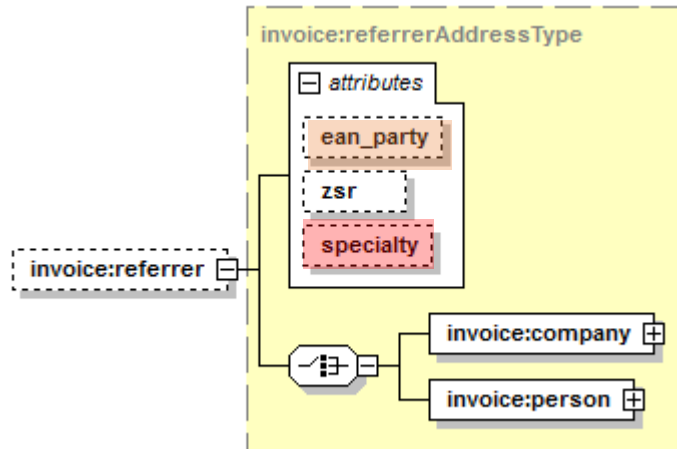
5.0 (1.K. & 2.K.)



Einbau gln
 Einbau optionale uid

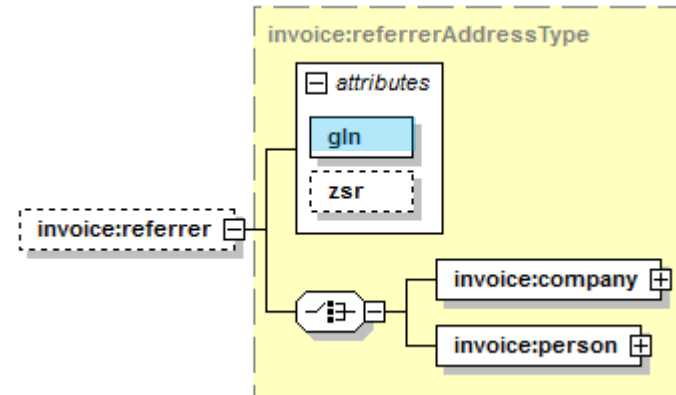
Anpassungen referrer (alle tiers)

4.5



Rename ean → gln
 Ausbau speciality «Dignität»

5.0 (1.K.)



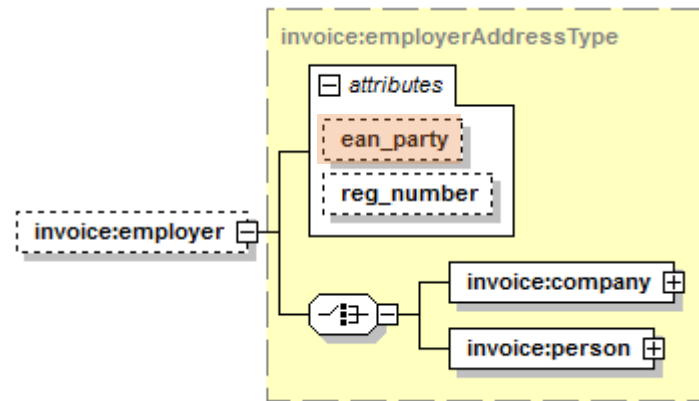
Einbau gln

5.0 (2.K.)

Integriert in partners (Type)

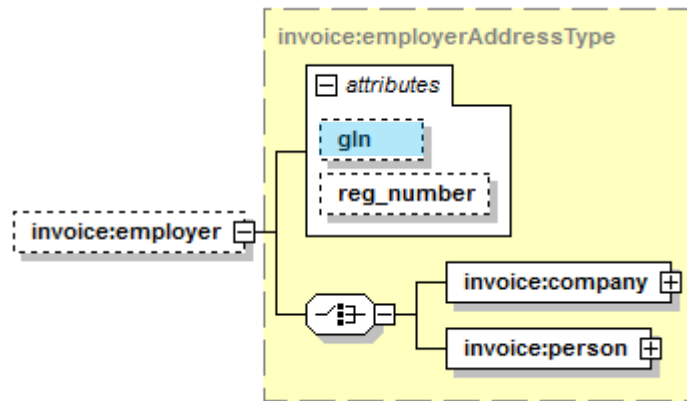
Anpassungen employer (alle tiers)

4.5



Rename ean → gln

5.0 (1.K.)



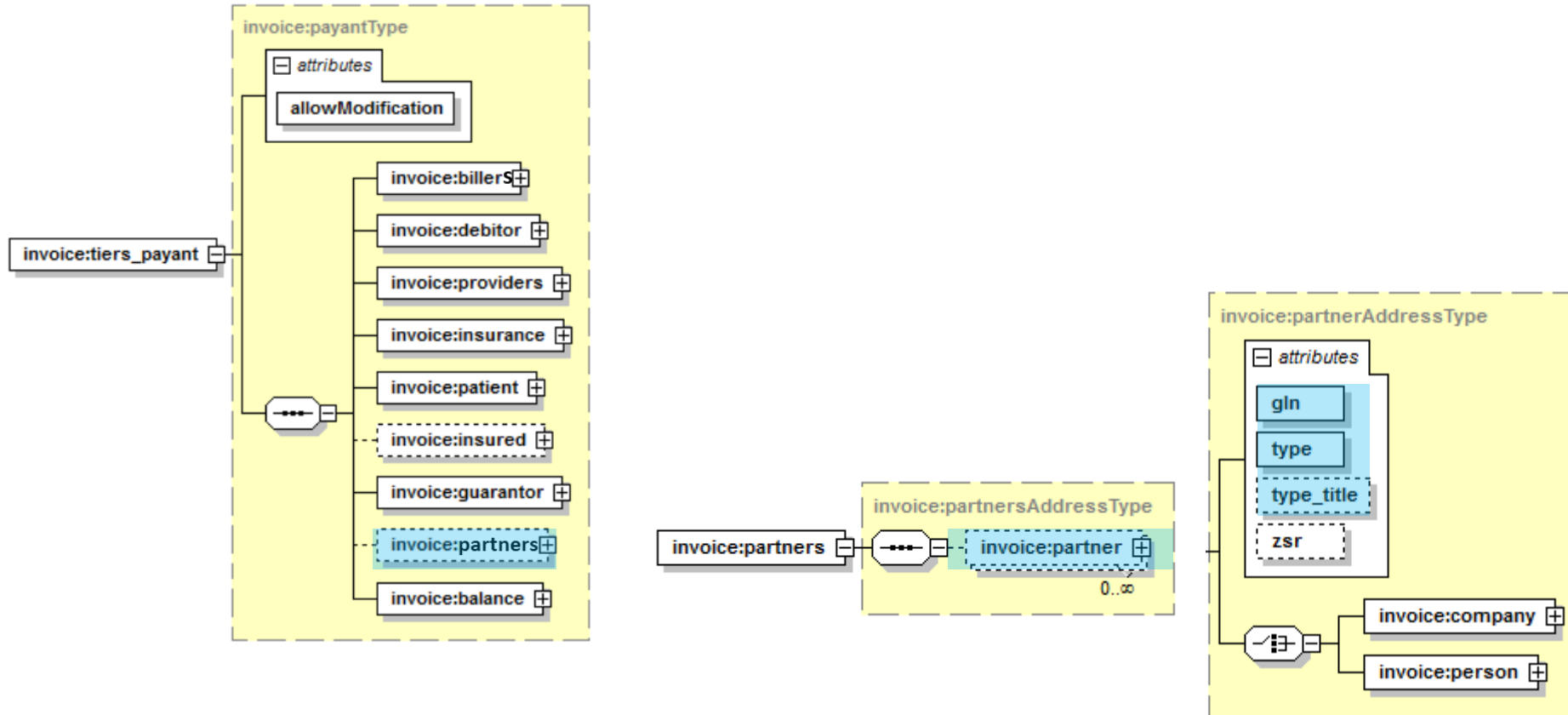
Einbau gln

5.0 (2.K.)

Integriert in partners (Type)

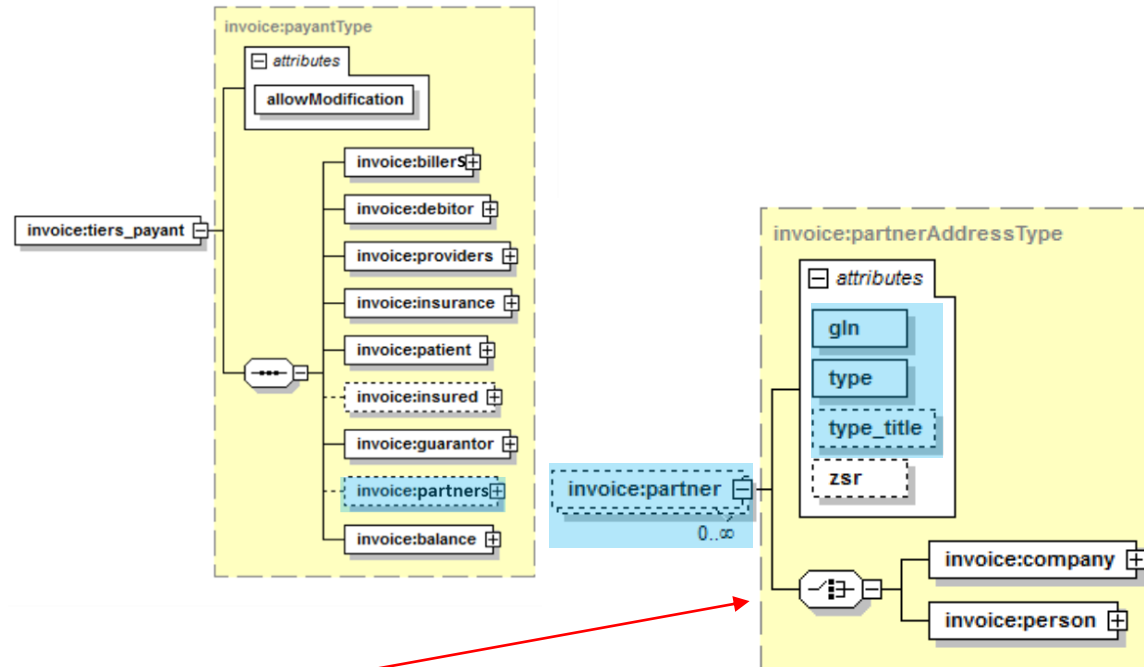
Anpassungen optionale partners (alle tiers)

5.0 (2.K.)



Anpassungen optionale partners (alle tiers)

Eine **optional** typisierte Partnerstruktur hat den Vorteil, dass bei Bedarf beliebige Partner mitgegeben werden können.



Beliebige Partner definierbar:

- Auftraggebende Person
- Fallführende Person
- Hauptbehandelnde Person
- Arbeitgeber
- Hausarzt
- Operateur
- Belegarzt
-

Eine Umsetzung hat folgende Konsequenzen

- referrer, employer, main_treating_provider in diese Struktur überführt werden
- eine Dummy GLN 20er für Partner ohne GLN definiert werden
- eine type Struktur definiert inklusive «type_title» mit frei definierbarem type

Anpassungen balance (alle tiers)

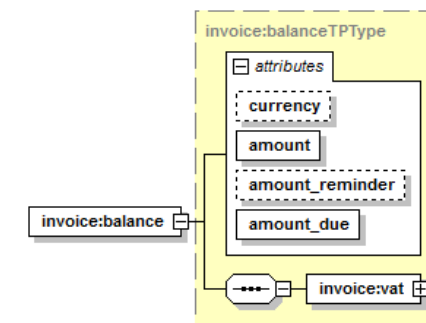
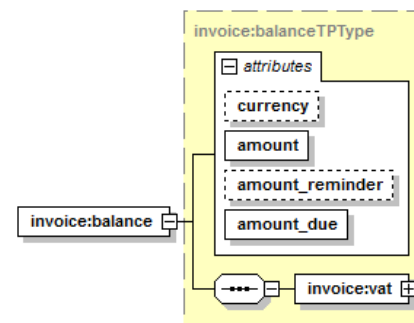
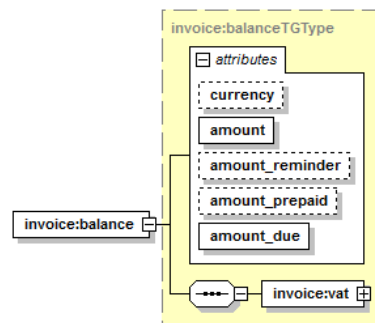
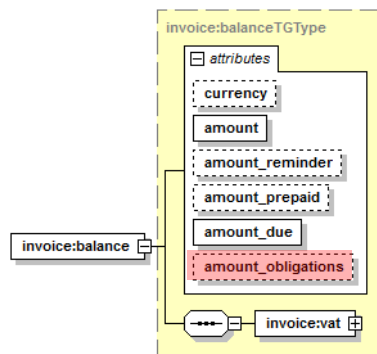
4.5

5.0 (1.K. & 2.K.)

TG

TP

TS



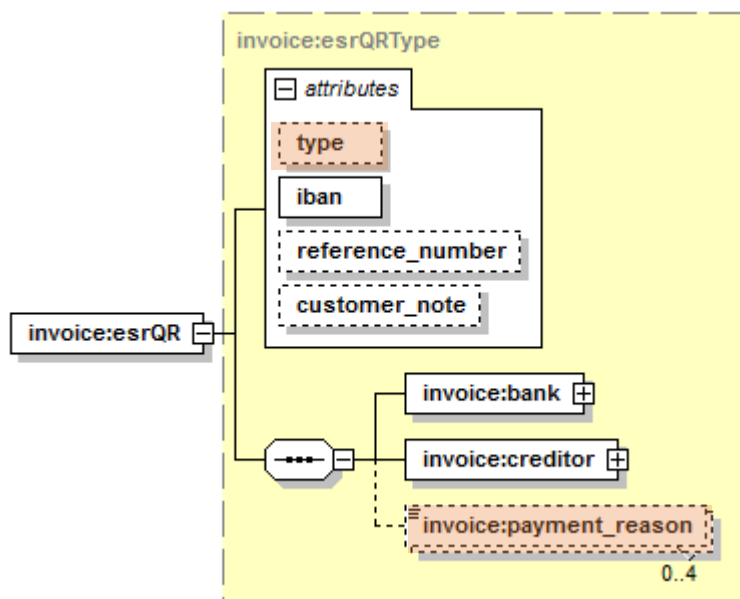
Ausbau amount_obligation (Pflicht KVG)
 Relikt aus Einführung TARMED

Einführung service_attribut «Bit 5 Keine Pflichtleistung» auf
 Ebene Leistungspositionen → service

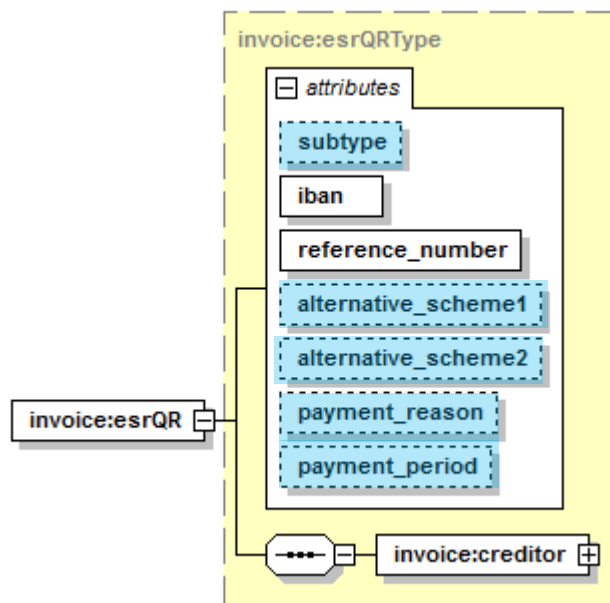
Anpassungen esrQR / esrQRred

4.5

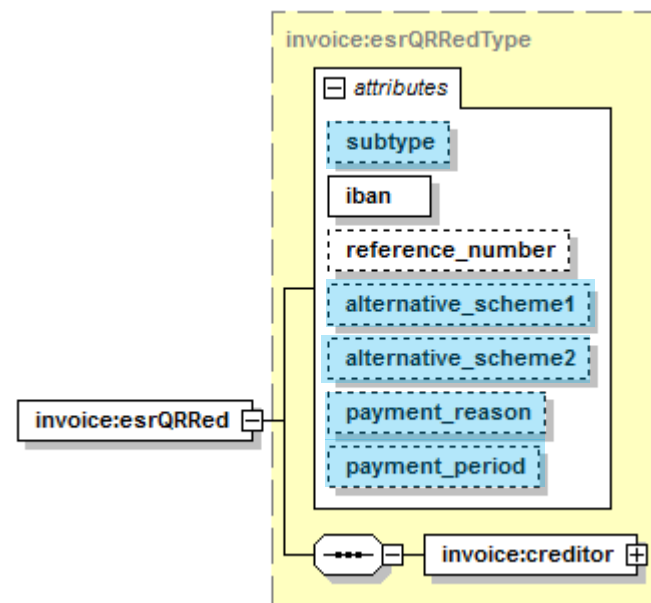
5.0 (1.K. & 2.K.)



Rename type mit subtype
 Überführung alte esr-Struktur in esrQR-Struktur

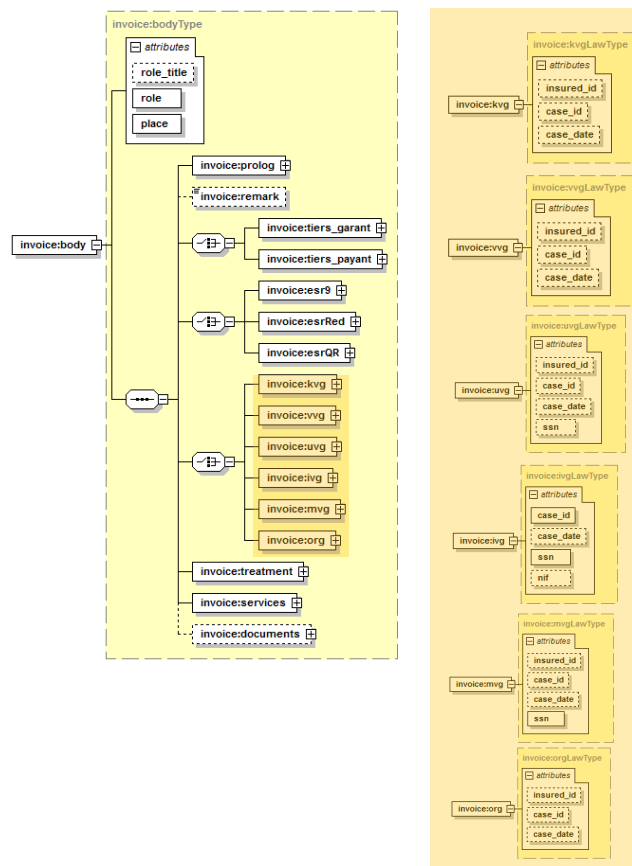


Einführung subtype
 Einführung esrQR-Strukturen



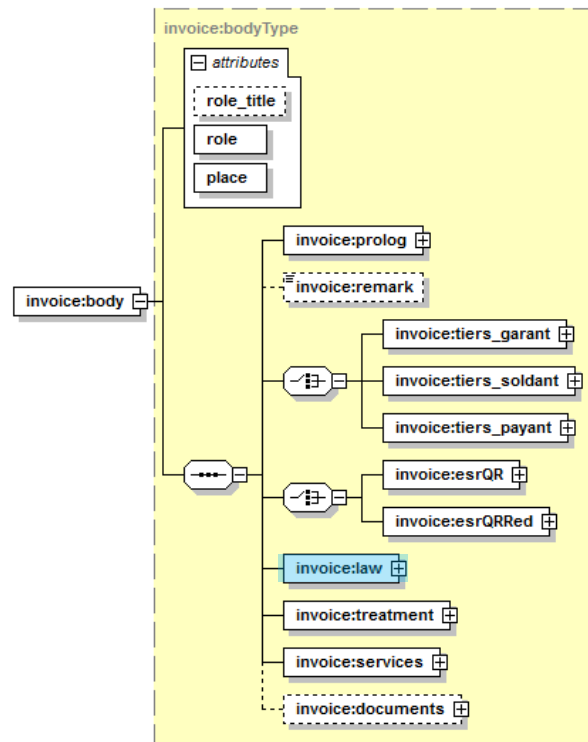
Anpassungen law

4.5



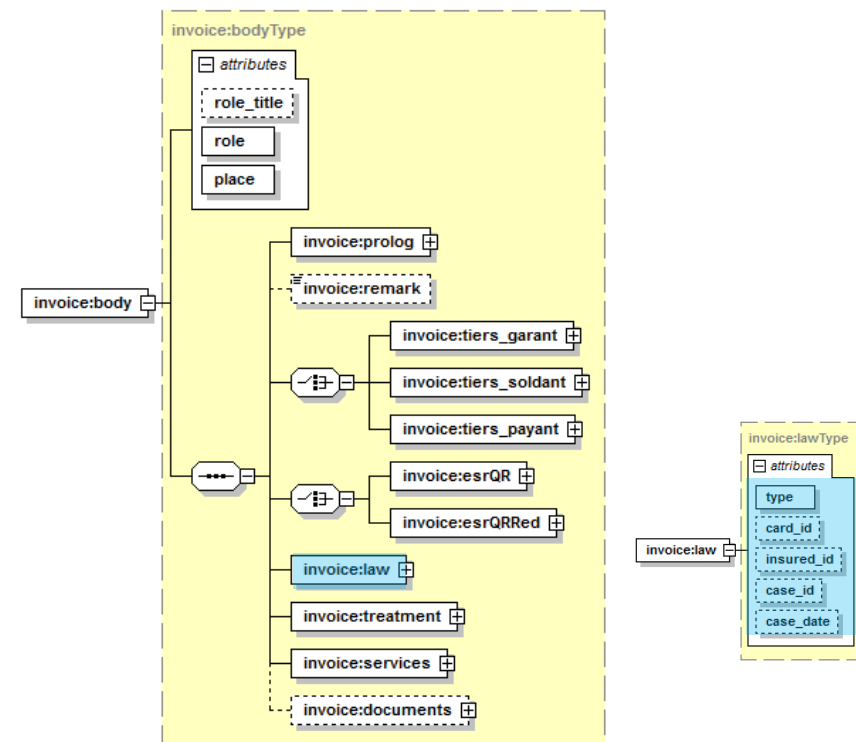
Unterschiedliche Gesetzes-Struktur
mit individuellen Identifikatoren

5.0 (1.K.)



Einführung von law mit Type
Einheitliche Identifikatoren

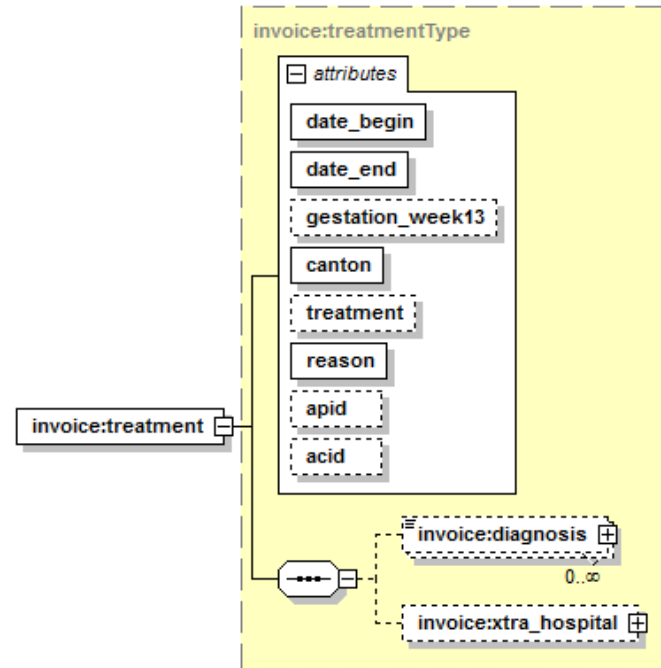
5.0 (2.K.)



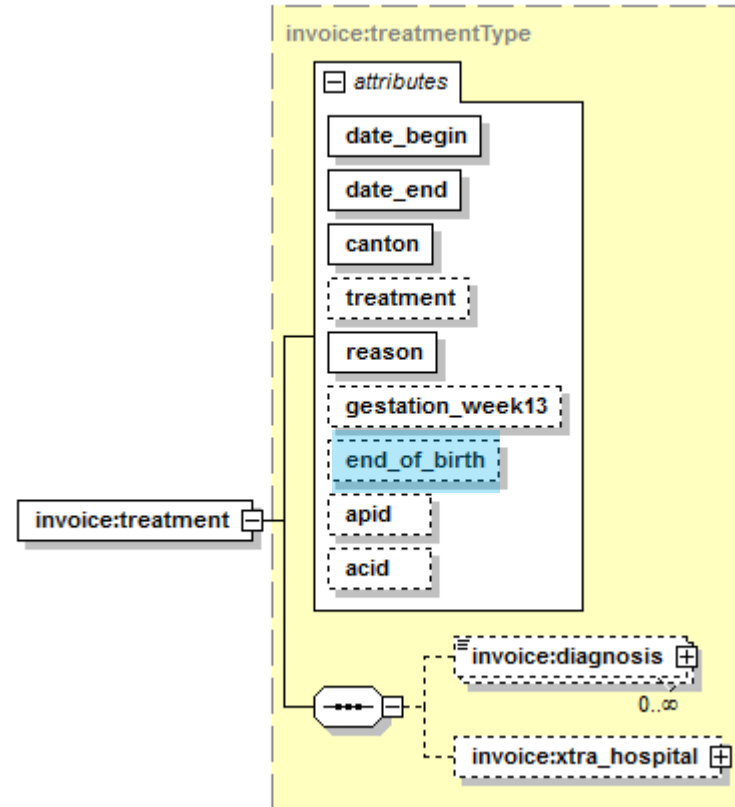
Rename customer_no → card_id

Anpassungen treatment

4.5



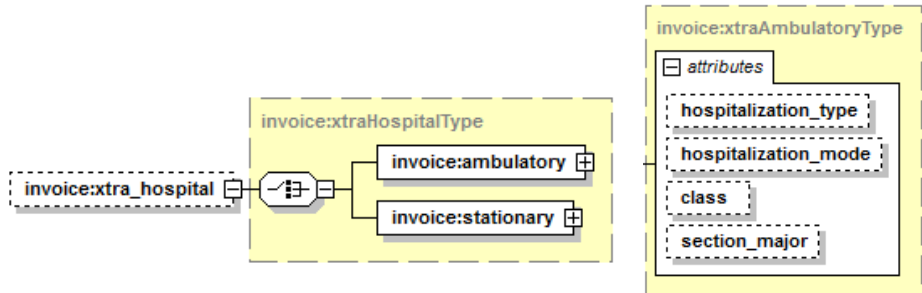
5.0 (1.K. & 2.K.)



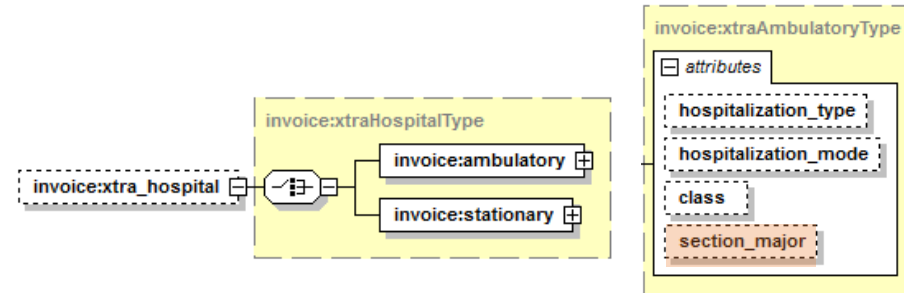
Einbau fehlendes Datum Ende der Geburt

Anpassungen xtra_hospital «ambulatory»

4.5



5.0 (1.K. & 2.K.)



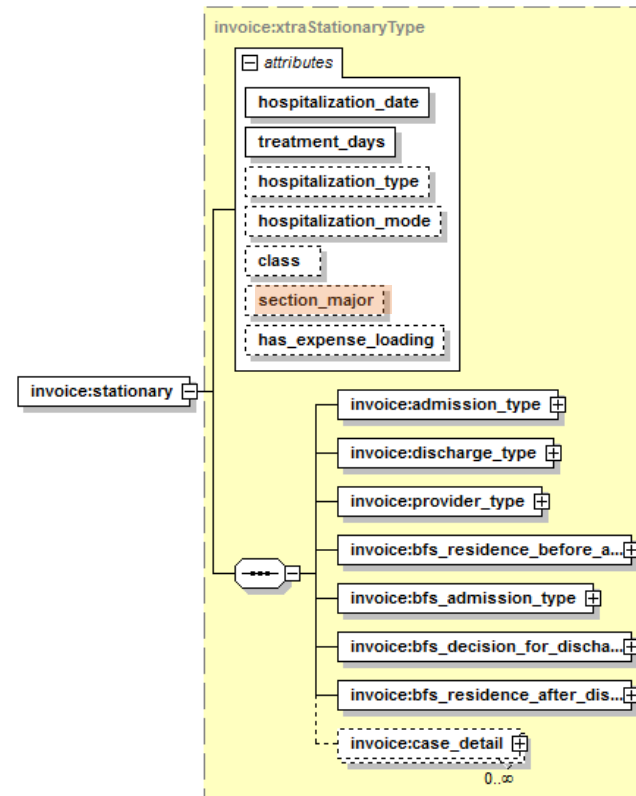
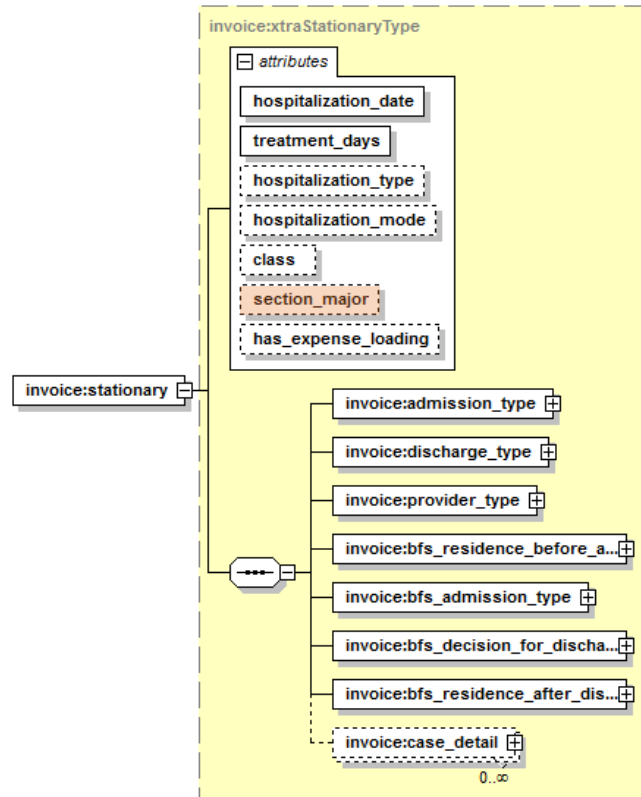
Verlängerung Datenfeld section_major
→ Einführung «ambulante Pauschalen»

Anpassungen xtra_hospital «stationary»

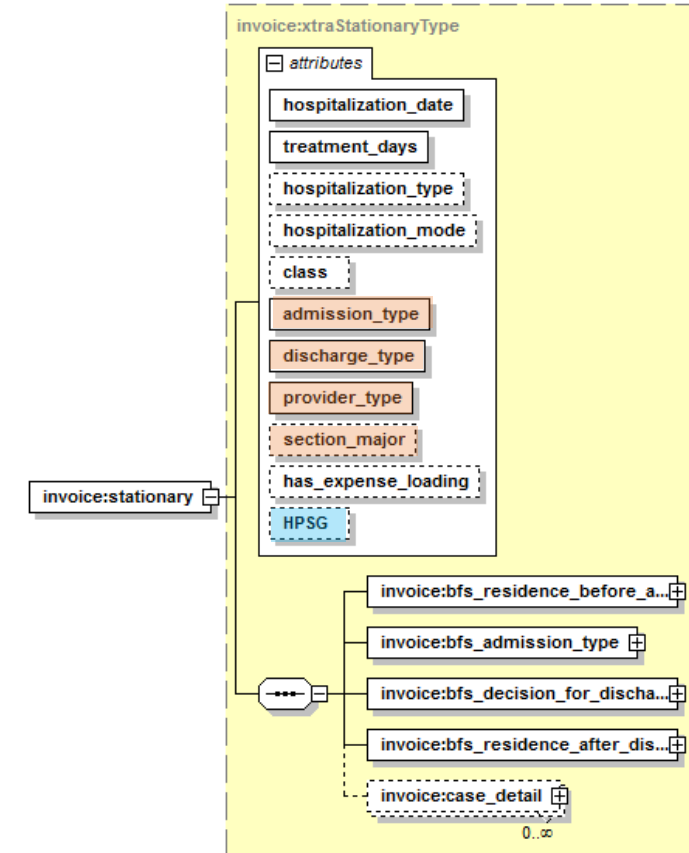
4.5

5.0 (1.K.)

5.0 (2.K.)



Verlängerung Datenfeld section_major



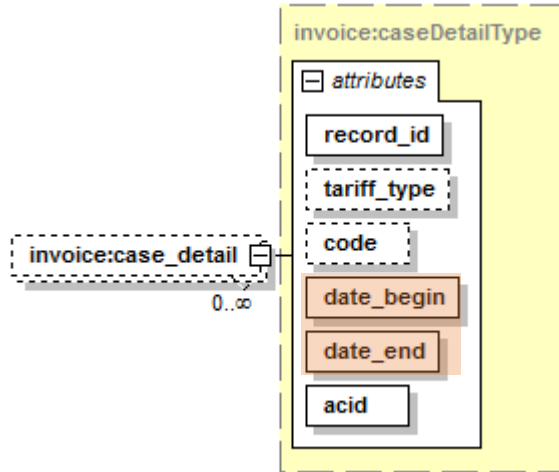
Verlängerung Datenfeld section_major

Einbau optionales Feld SPLG → (HPSG)

Ausbau generische Liste → Einbau Datenwerte-Struktur
von admission_type / discharge_type / provider_type

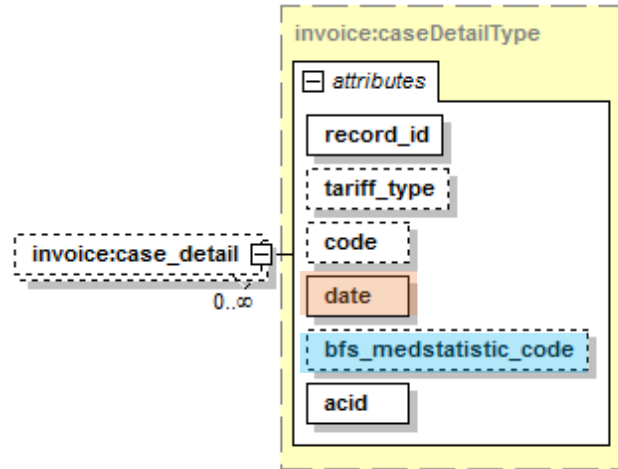
Anpassungen case_detail

4.5



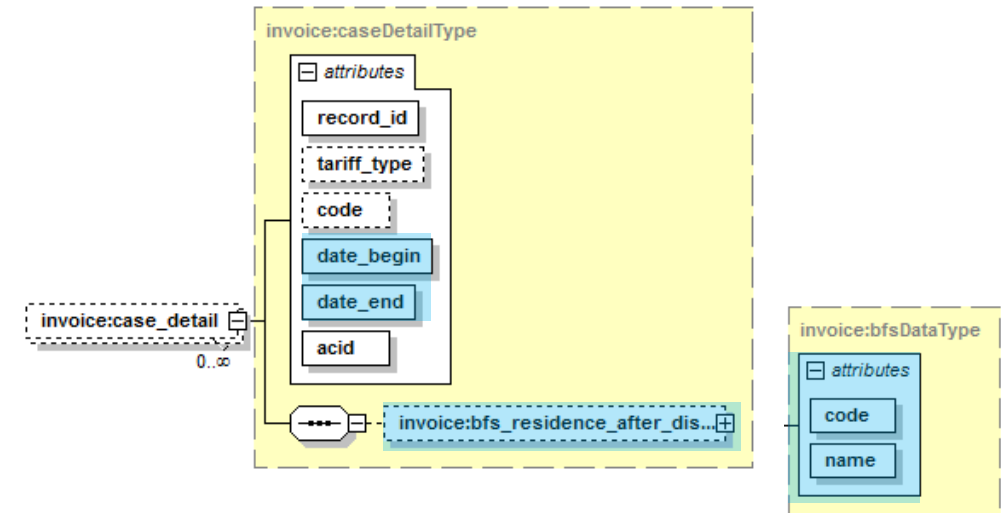
Von/Bis-Datum «Periode»

5.0 (1.K.)



Umbau auf Datum «Ereignis»
Einbau bfs_medstatistic_code

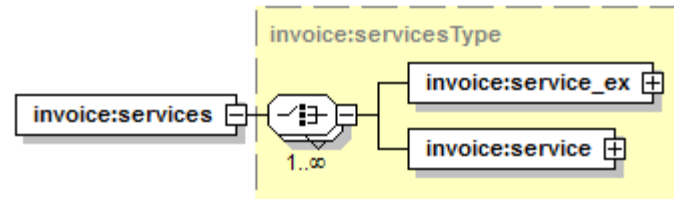
5.0 (2.K.)



Rückbau auf Von/Bis-Datum «Periode»
Einbau bfs_residence_after_discharge
Einbau Datenfelder code & name

Anpassungen services

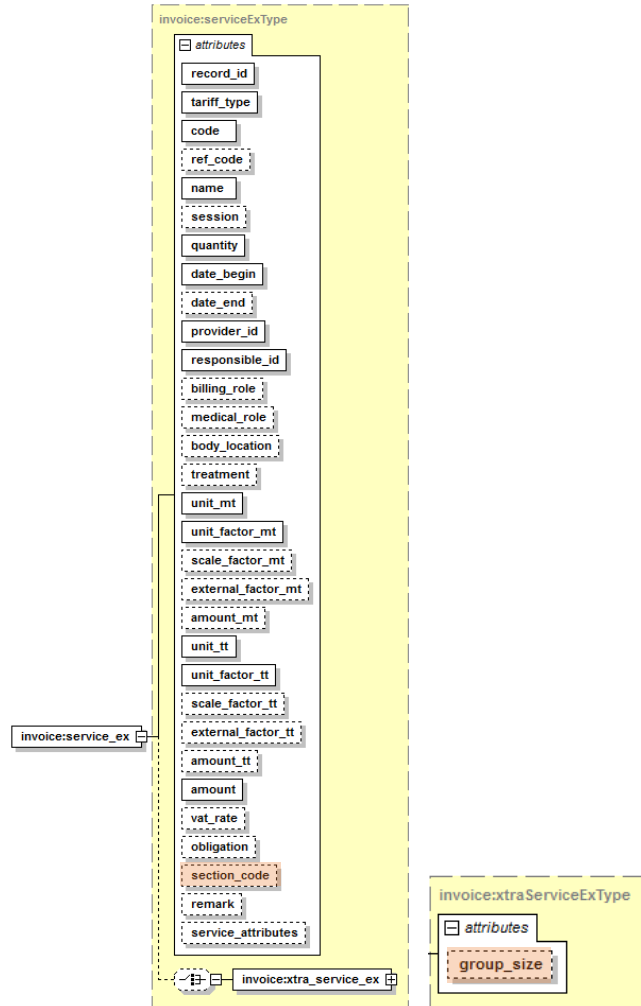
4.5 & 5.0 (1.K. & 2.K.)



Anpassungen service_ex

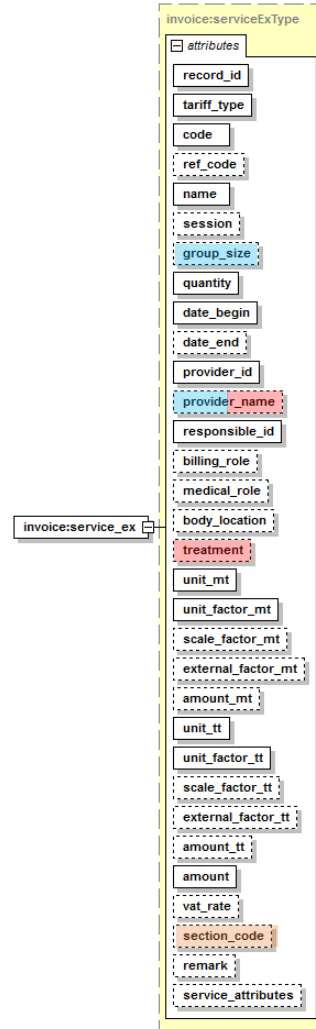
4.5

5.0 (1.K.)



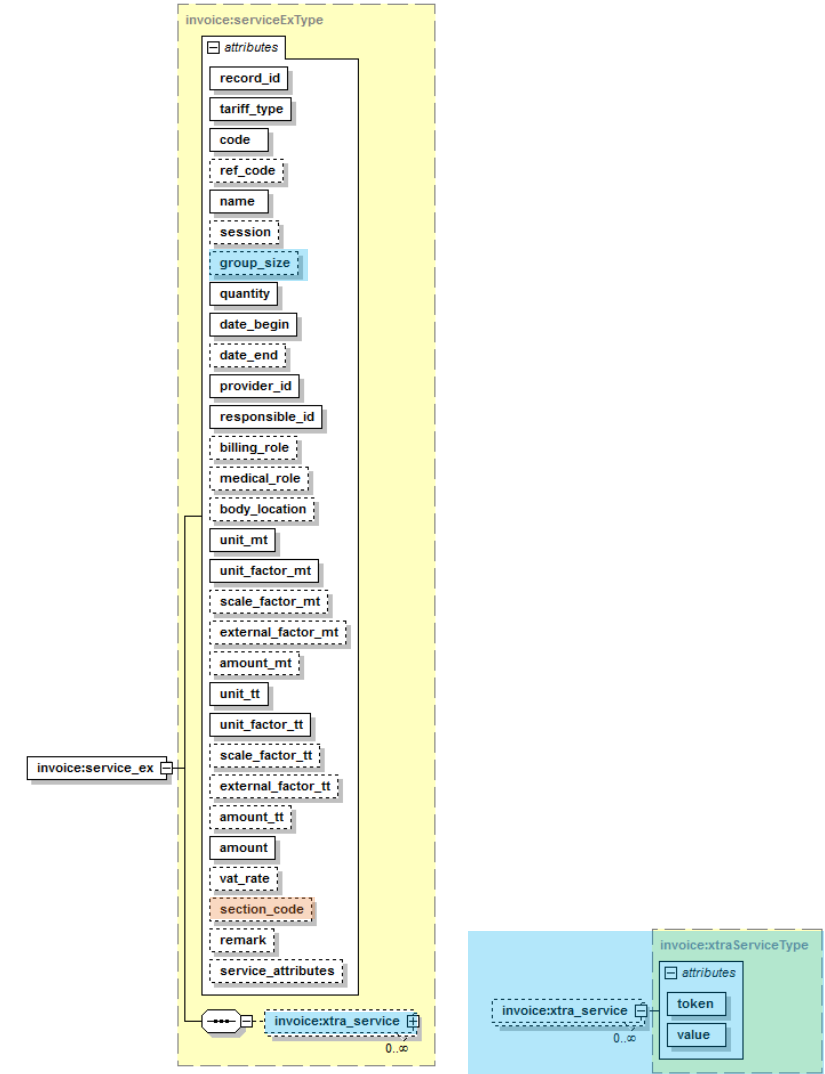
Überführung groupe_size in service-Struktur

Gelöschte Elemente Anzupassende Elemente Neue & angepasste Elemente



Einbau groupe_size mit Defaultwert = 1
Feldlänge section_code erweitern

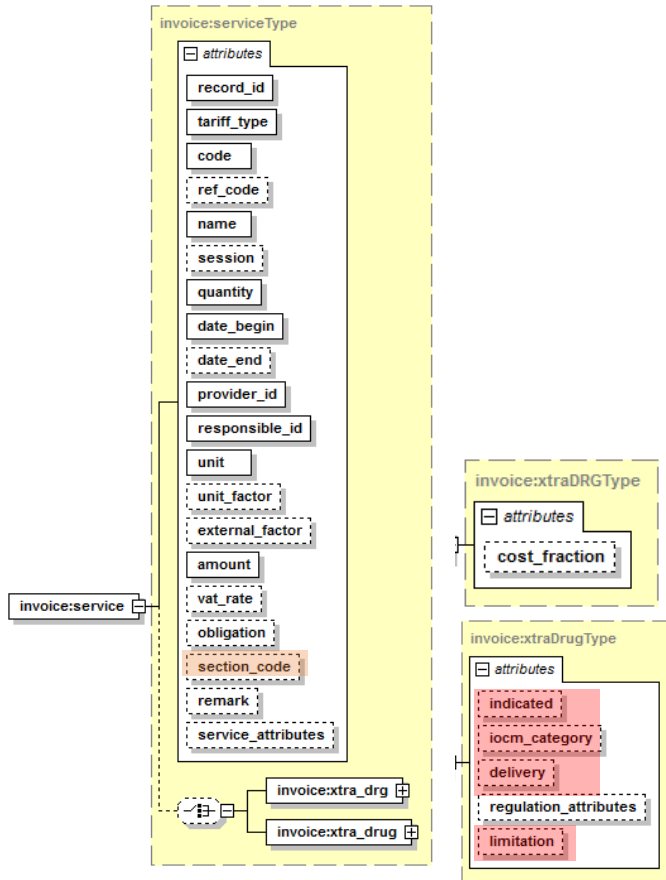
5.0 (2.K.)



Einbau groupe_size mit Defaultwert = 1
Ausbau Providernamen → partners
Feldlänge section_code erweitern
Einbau extra_services → Unvorhergesehenes
Ausbau treatment, wird nicht mehr benötigt

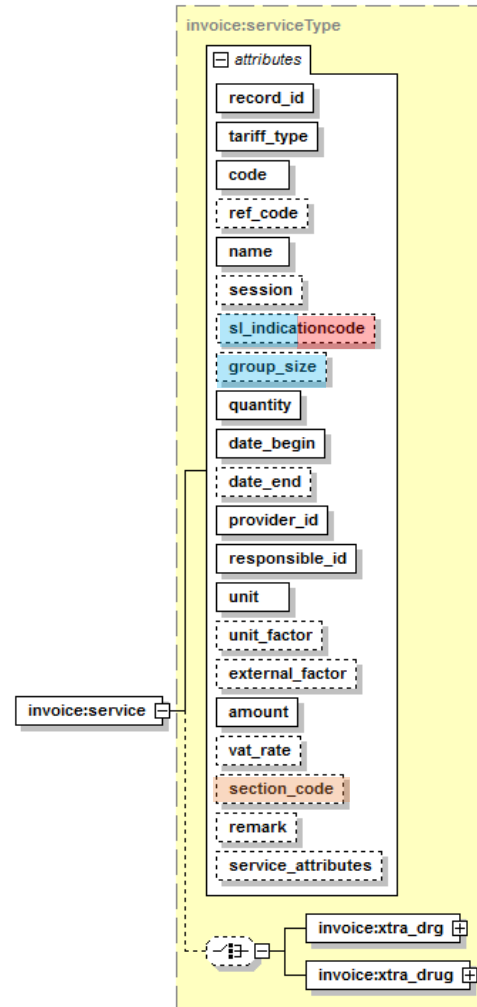
Anpassungen service 5.0 (1.K.)

4.5

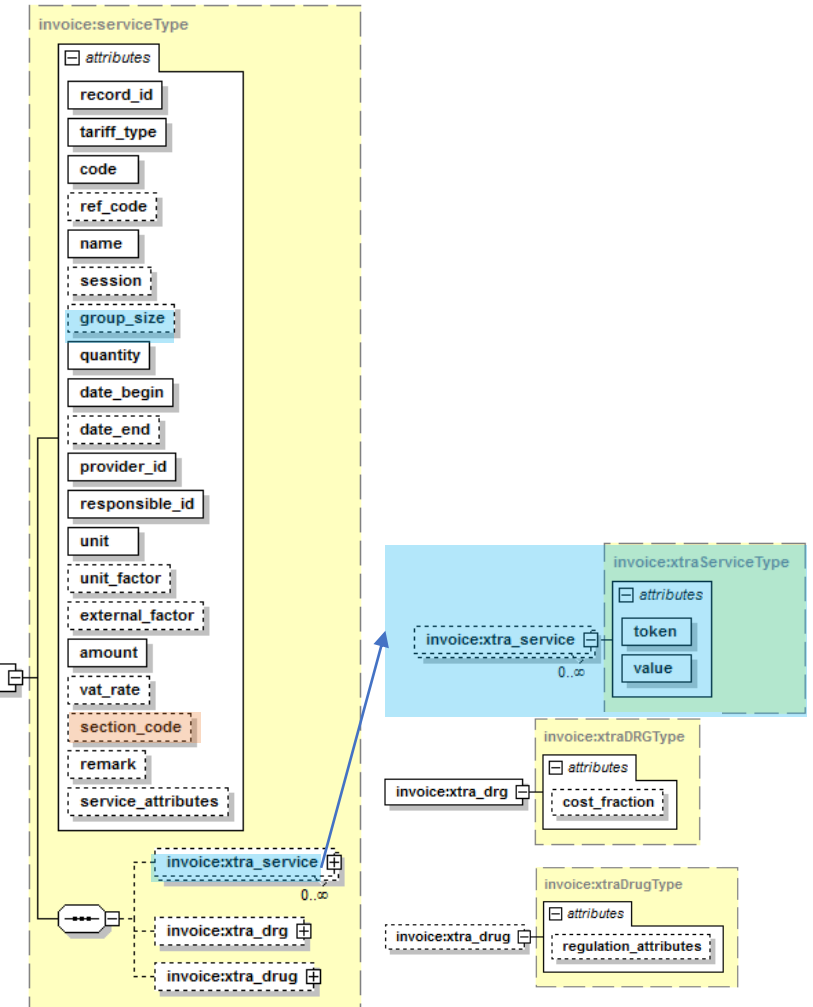


Ausbau alte Pharma-Datenfelder

5.0 (2.K.)



Einbau sl_indicationcode
Feldlänge section_code erweitern
Einbau Gruppengröße



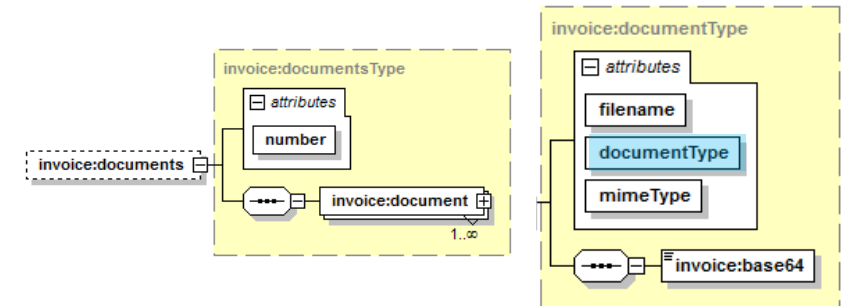
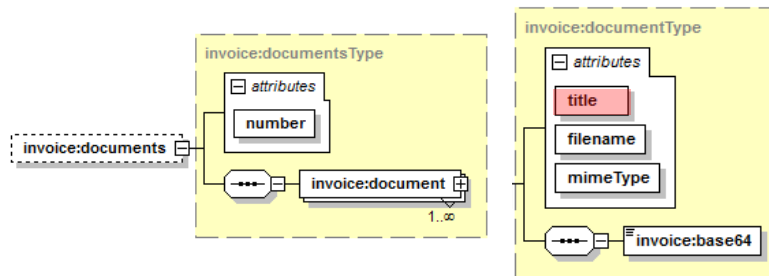
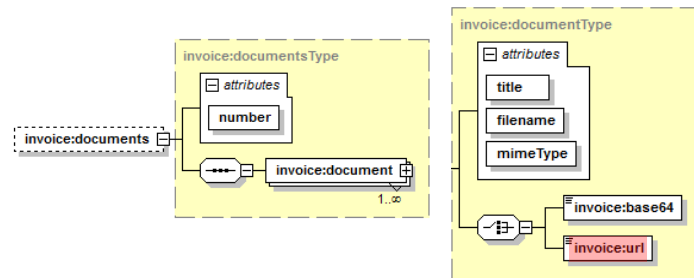
Ausbau sl_indicationcode → extra_services
Feldlänge section_code erweitern
Einbau extra_services → Unvorhergesehenes
Einbau Gruppengröße

Anpassungen documents

4.5

5.0 (1.K.)

5.0 (2.K.)



Ausbau url → Datenschutzproblem

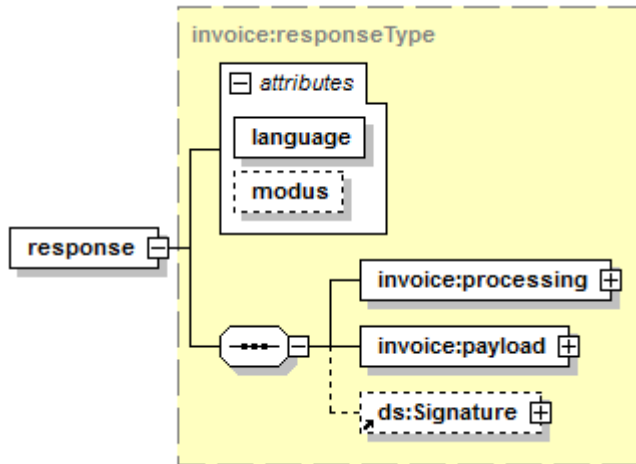
Problem title → Unspezifisch

Einbau documentType mit Wertebereich

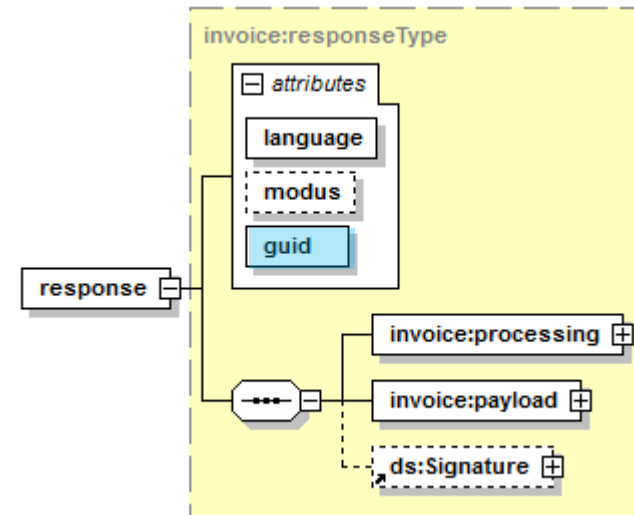
Anpassungen generalResponse

Anpassungen response

4.5 & 5.0 (1.K.)



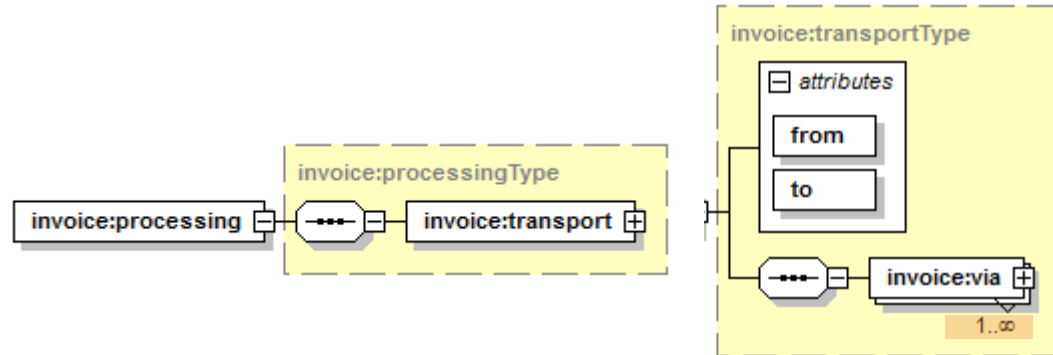
5.0 (1.K.)



guid wird verschoben von invoice / reminder
 Grund: Die guid wird auf Ebene Dokument geniert

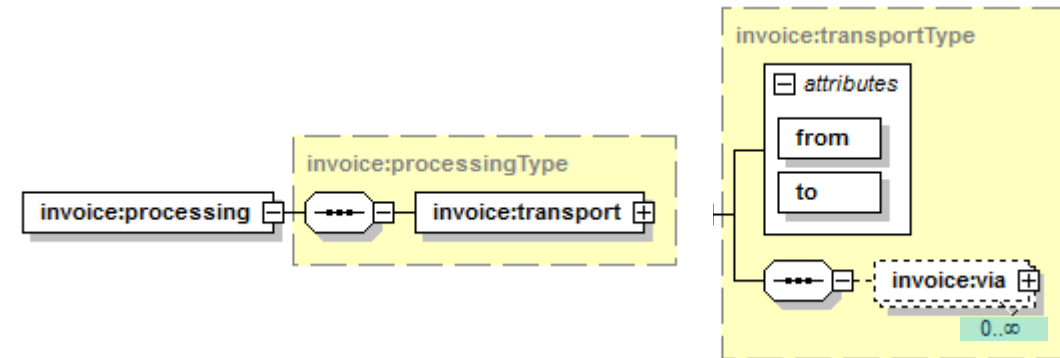
Anpassungen transport

4.5



Intermediär ist zwingend notwendig

5.0 (1.K. & 2.K.)

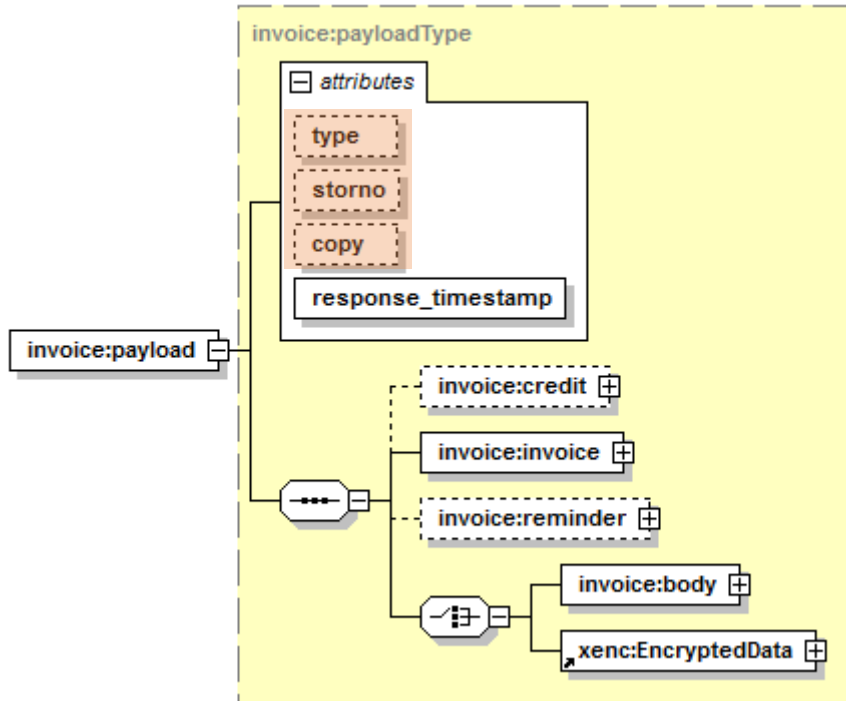


Intermediär ist optional

- Direkte Kommunikation wird dadurch ermöglicht
- Indirekte Kommunikation ist weiterhin möglich

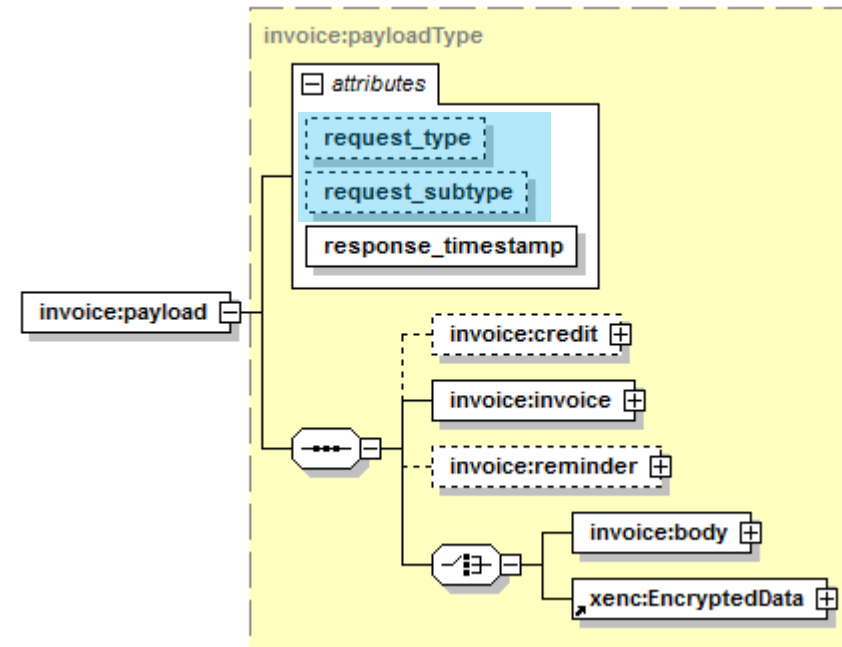
Anpassungen payload

4.5



Parameter Steuerung nur mit type ist eingeschränkt

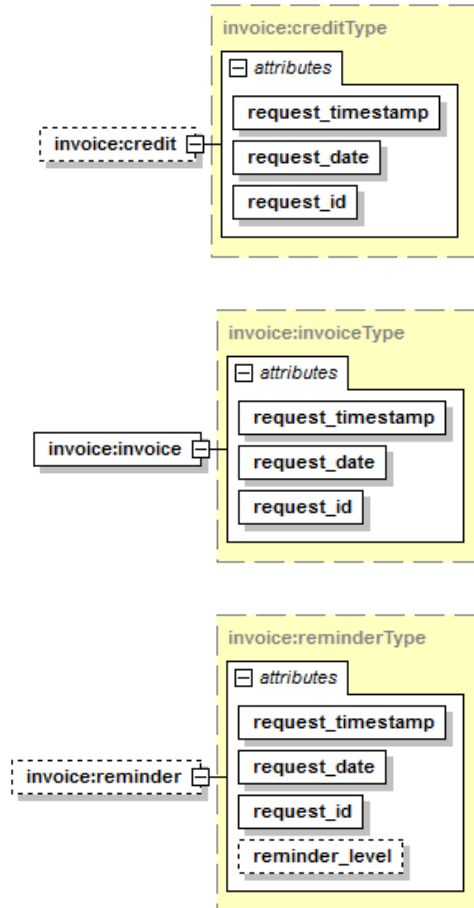
5.0 (1.K. & 2.K.)



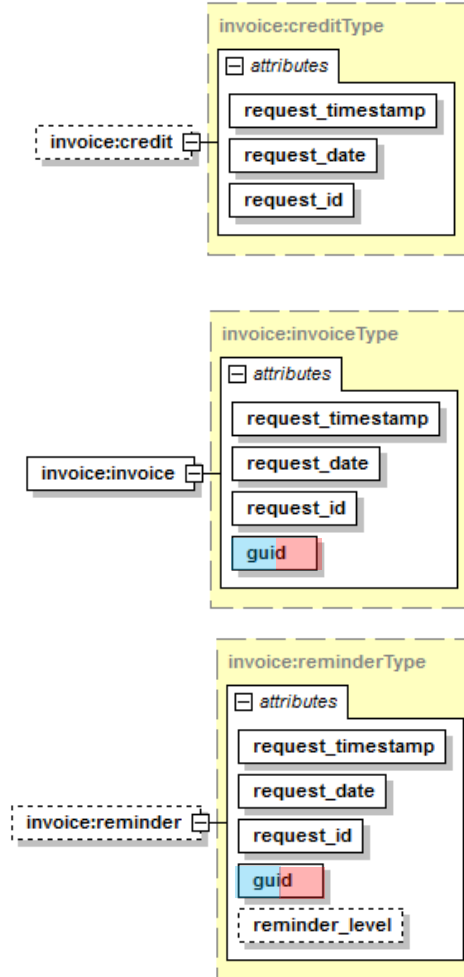
Parametersteuerung strukturiert als Type und Subtype
 → Ermöglicht eine bessere Handhabung

Anpassungen invoice /credit / reminder

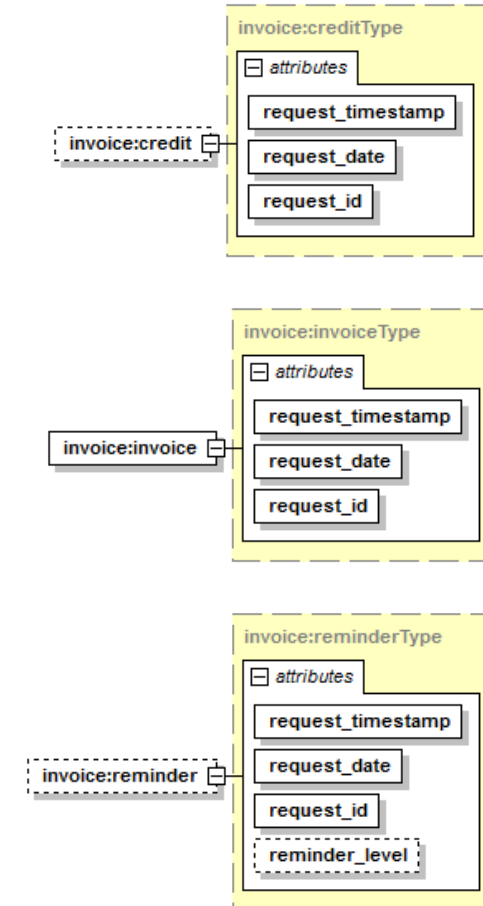
4.5



5.0 (1.K.)



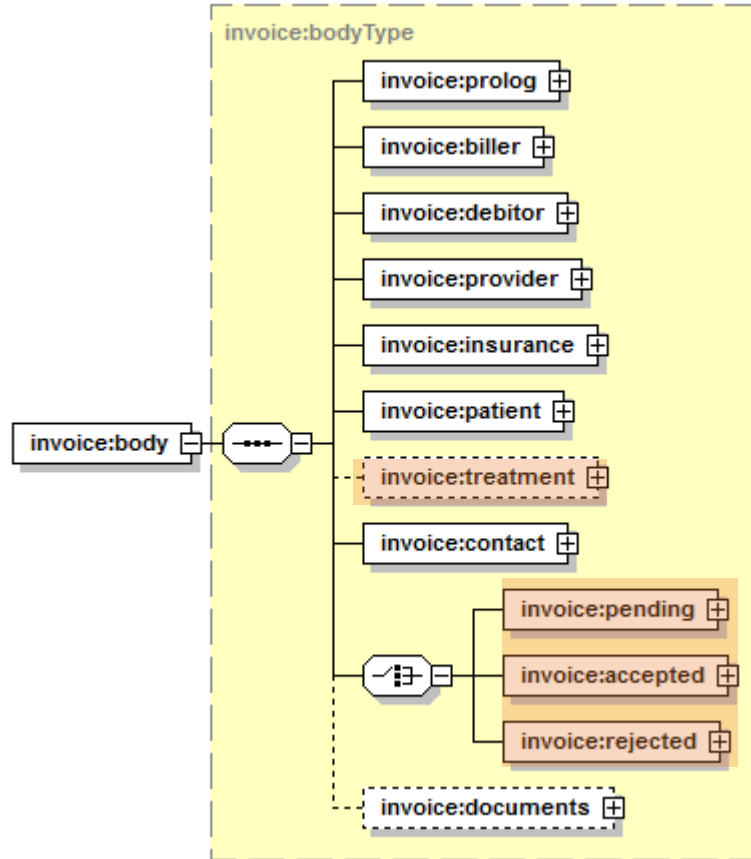
5.0 (2.K.)



guid auf Ebene Response / verschoben

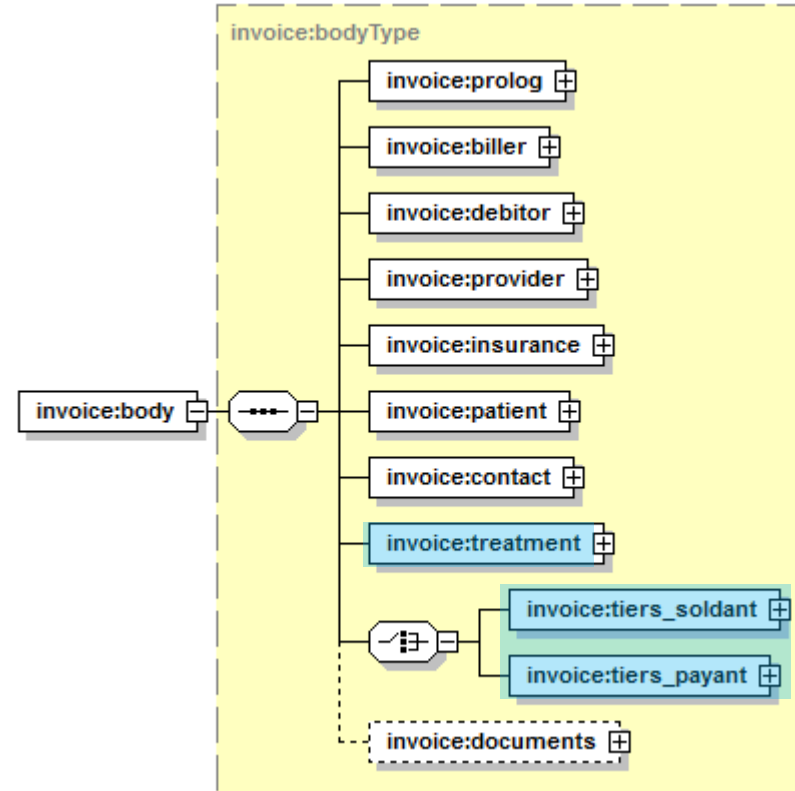
Anpassungen body

4.5



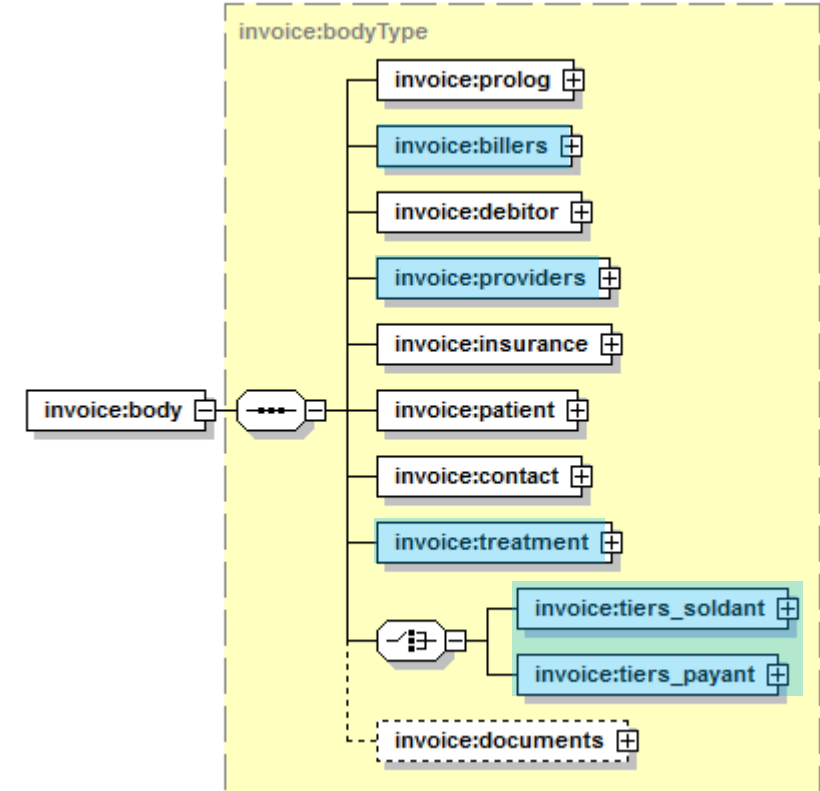
Fehlende Tiers soldant verlangt Umstrukturierung

5.0 (1.K.)



Zwingende Rückgabe von treatment-Daten
Einbau tiers_soldant und tiers_payant Selektion

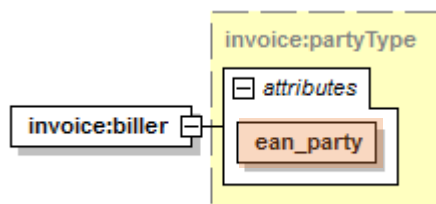
5.0 (2.K.)



Einbau billers Struktur aus request
Einbau providers Struktur aus request
Zwingende Rückgabe von treatment-Daten
Einbau tiers_soldant und tiers_payant Selektion

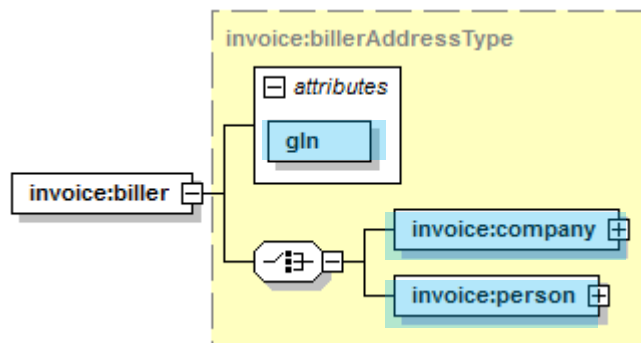
Anpassungen biller

4.5



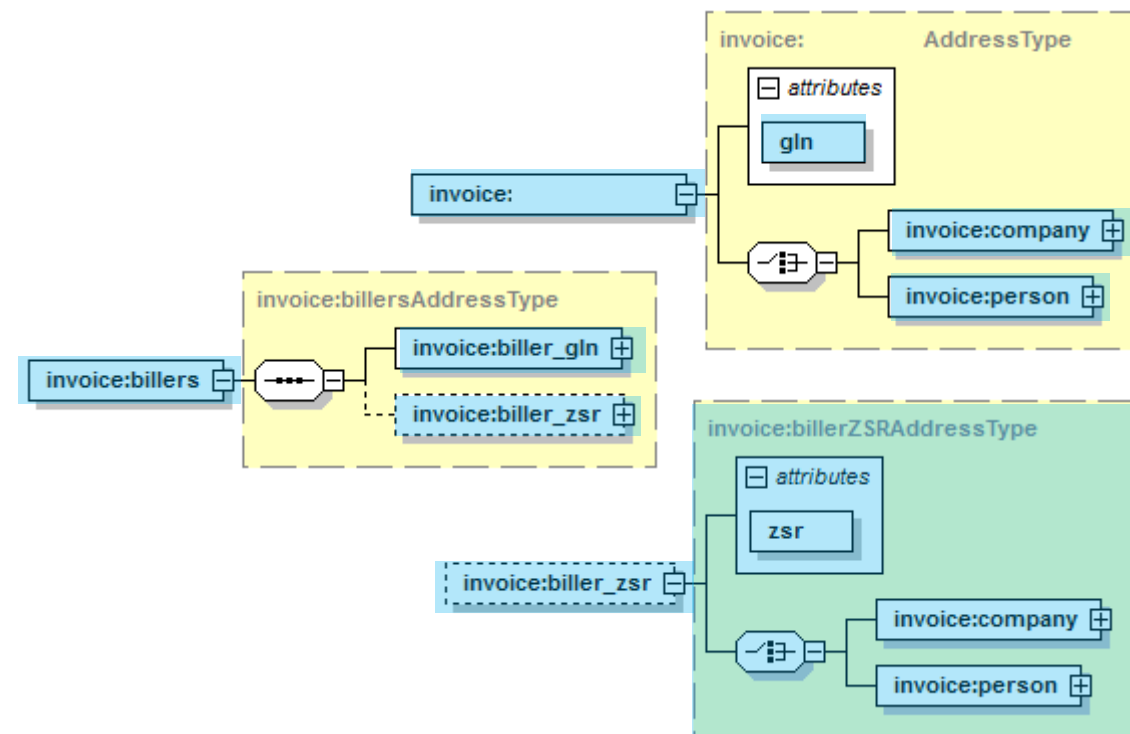
Rename ean → gln

5.0 (1.K.)



Rename als gln
Einbau Adresse-Strukturen

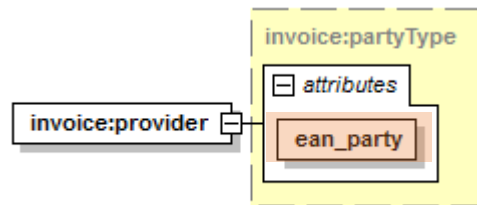
5.0 (2.K.)



Rename als gln
Einbau Adresse-Strukturen
Entkoppelung zsr / gln mit zwei Adressen
gln zwingend → Gesetz
Einbau zsr optional → Vertrag

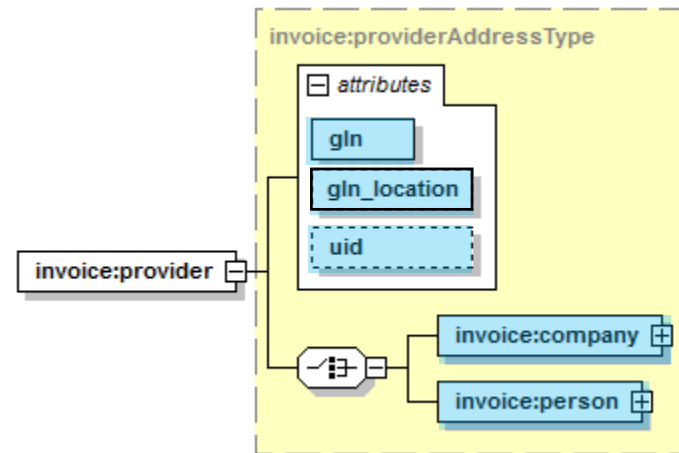
Anpassungen provider

4.5



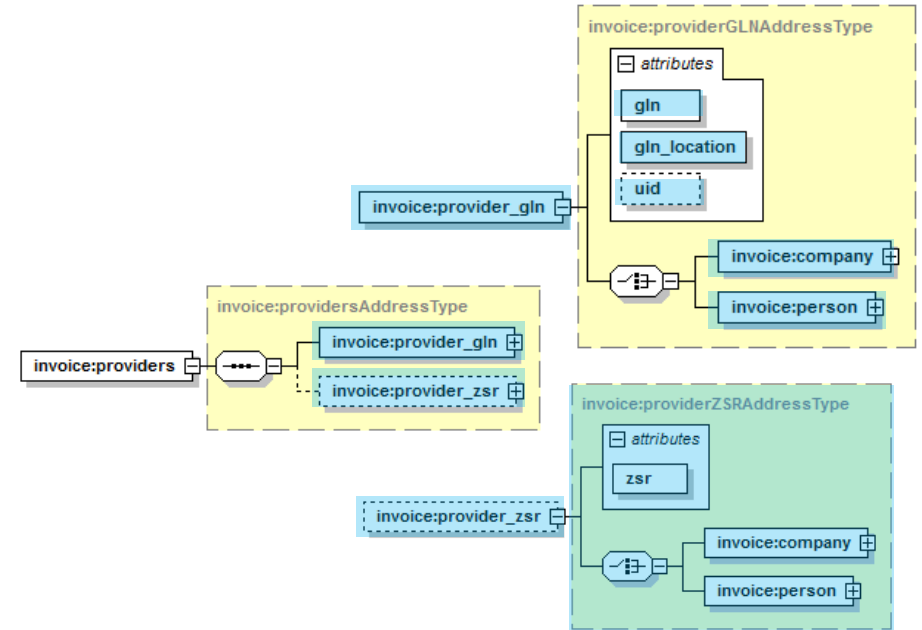
Rename ean → gln

5.0 (1.K.)



Einbau gln
 Einbau gln_location
 Einbau uid
 Einbau Adresse-Strukturen

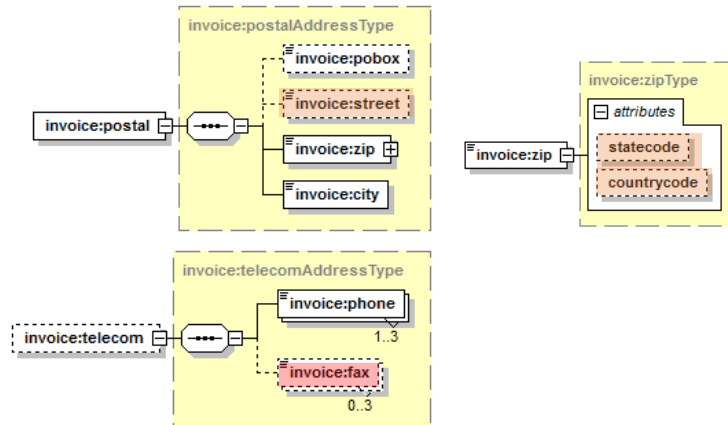
5.0 (2.K.)



Einbau gln
 Einbau gln_location
 Einbau uid
 Einbau Adresse-Strukturen
 Entkoppelung zsr / gln mit zwei Adressen
 gln zwingend → Gesetz
 Einbau zsr optional → Vertrag

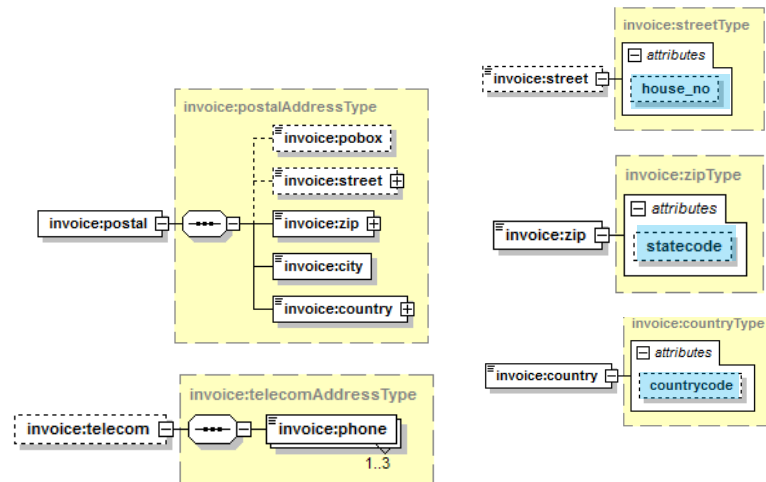
Anpassungen Adresse (alle)

4.5



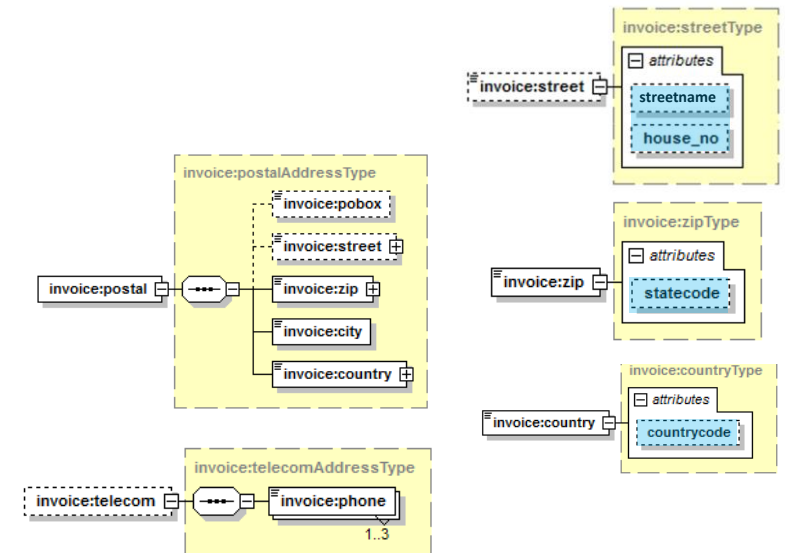
Ein Feld Strassenname und Hausnummer
 Ausbau fax-Nummer
 countrycode Teil von zip

5.0 (1.K.)



Sanfter Übergang Trennung von Hausnummer
 Entkoppelung statecode und countrycode

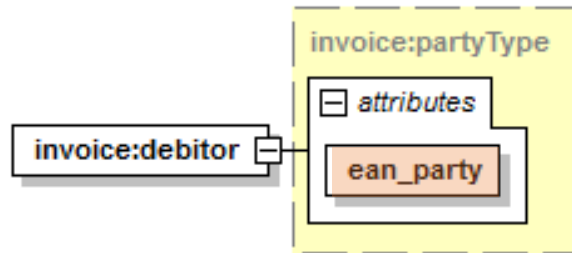
5.0 (2.K.)



Sanfter Übergang Trennung von
 Strassenname und Hausnummer
 Entkoppelung statecode und countrycode

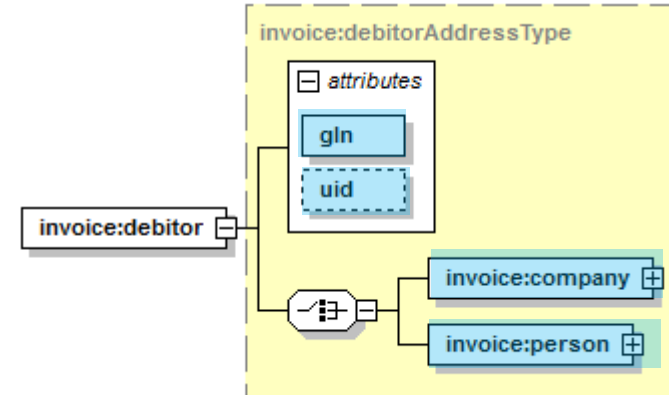
Anpassungen debtor

4.5



Rename ean → gln

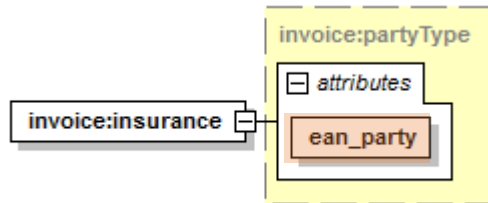
5.0 (1.K. & 2.K.)



Einbau gln
 Einbau optionale uid
 Einbau Adress-Strukturen

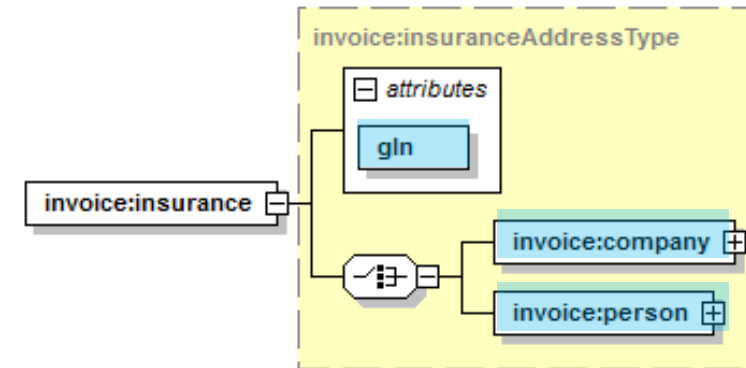
Anpassungen insurance

4.5



Rename ean → gln

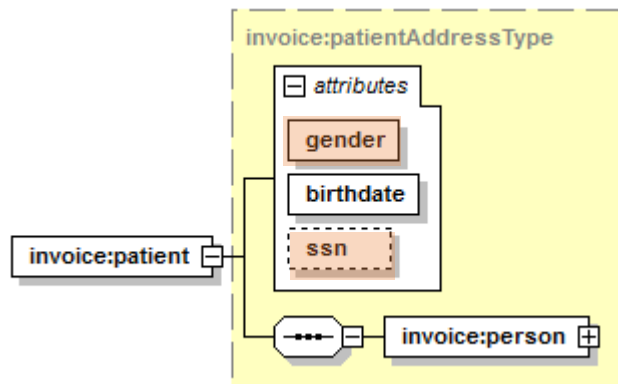
5.0 (1.K. & 2.K.)



Einbau gln
 Einbau Adress-Strukturen

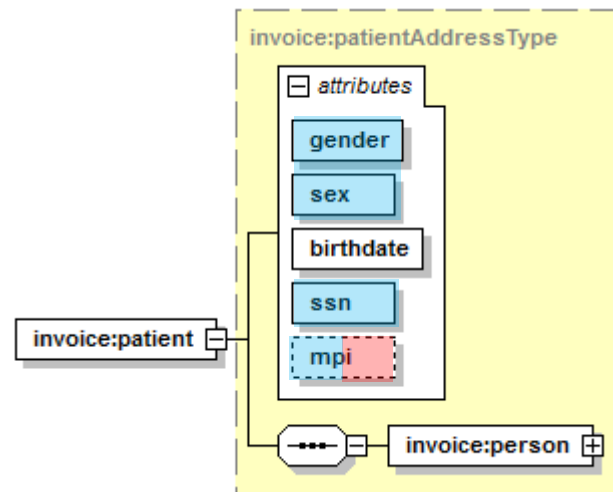
Anpassungen patient

4.5



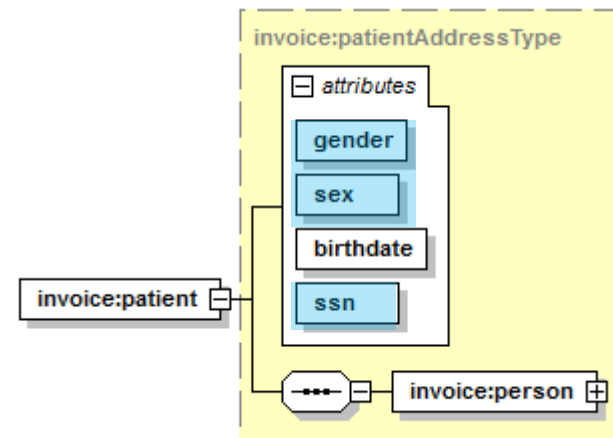
Keine Trennung von
 → sozialem Geschlecht «gender»
 → biologischen Geschlecht «sex»
 Überführung von card_id zu law

5.0 (1.K.)



Erweiterung soziales Geschlecht gender «m/f/**d**»
 Einführung biologisches Geschlecht sex mit «f/m»
 Optional → Zwingende ssn (AHV-Nr.)
 Einbau mpi MasterPatientIndex

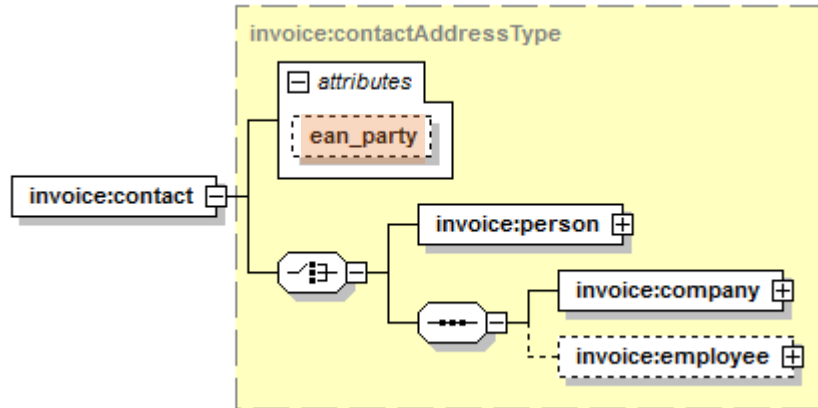
5.0 (2.K.)



Erweiterung soziales Geschlecht gender «m/f/**d**»
 Einführung biologisches Geschlecht sex mit «f/m»
 Optional → Zwingende ssn (AHV-Nr.)
 Ausbau mpi MasterPatientIndex

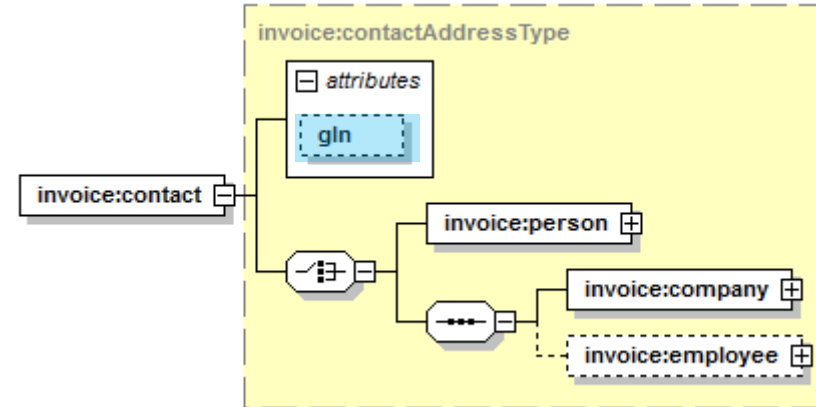
Anpassungen contact

4.5



Rename ean → gln

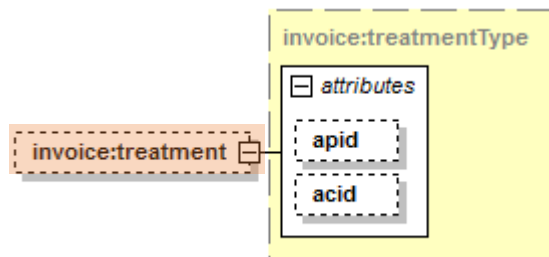
5.0 (1.K. & 2.K.)



Einbau gln
 Einbau Adress-Strukturen

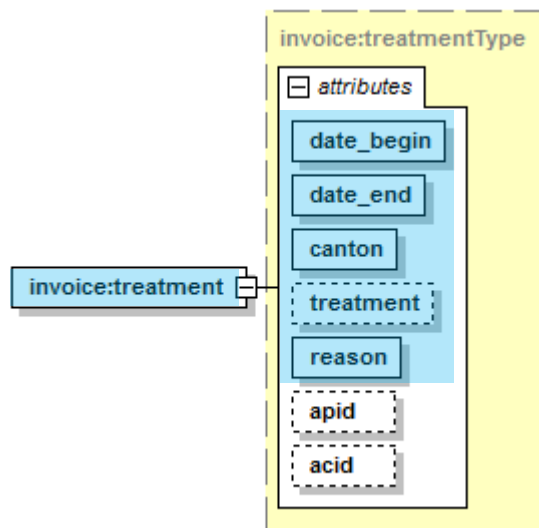
Anpassungen treatment

4.5



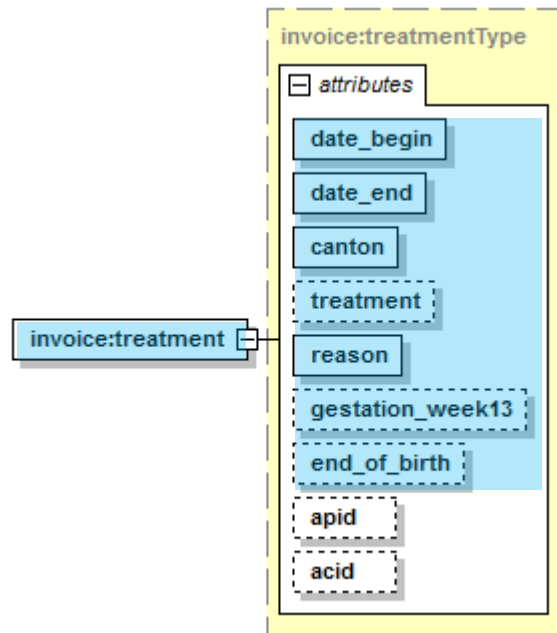
Rückgabe treatment optional

5.0 (1.K.)



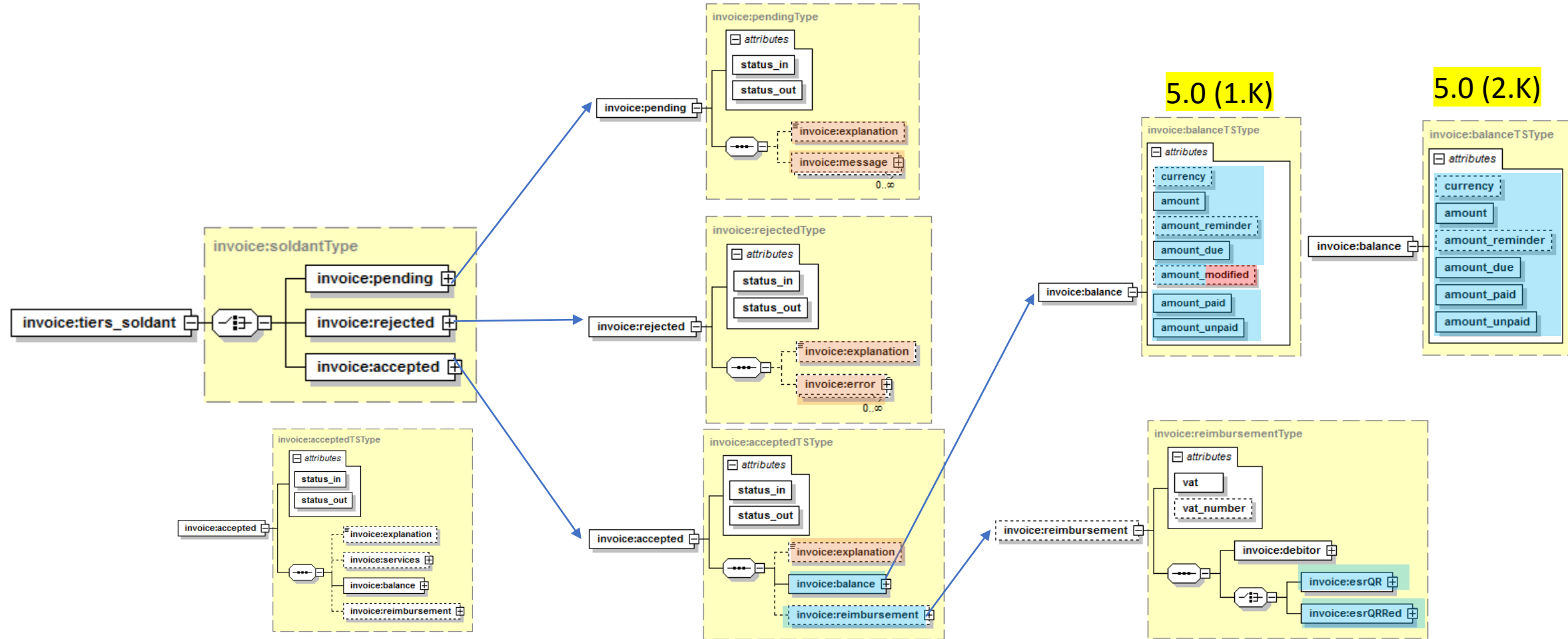
Rückgabe treatment zwingend

5.0 (2.K.)



Rückgabe treatment zwingend
Fehlende Elemente aus request ergänzt

5.0 (1.K. & 2.K.)



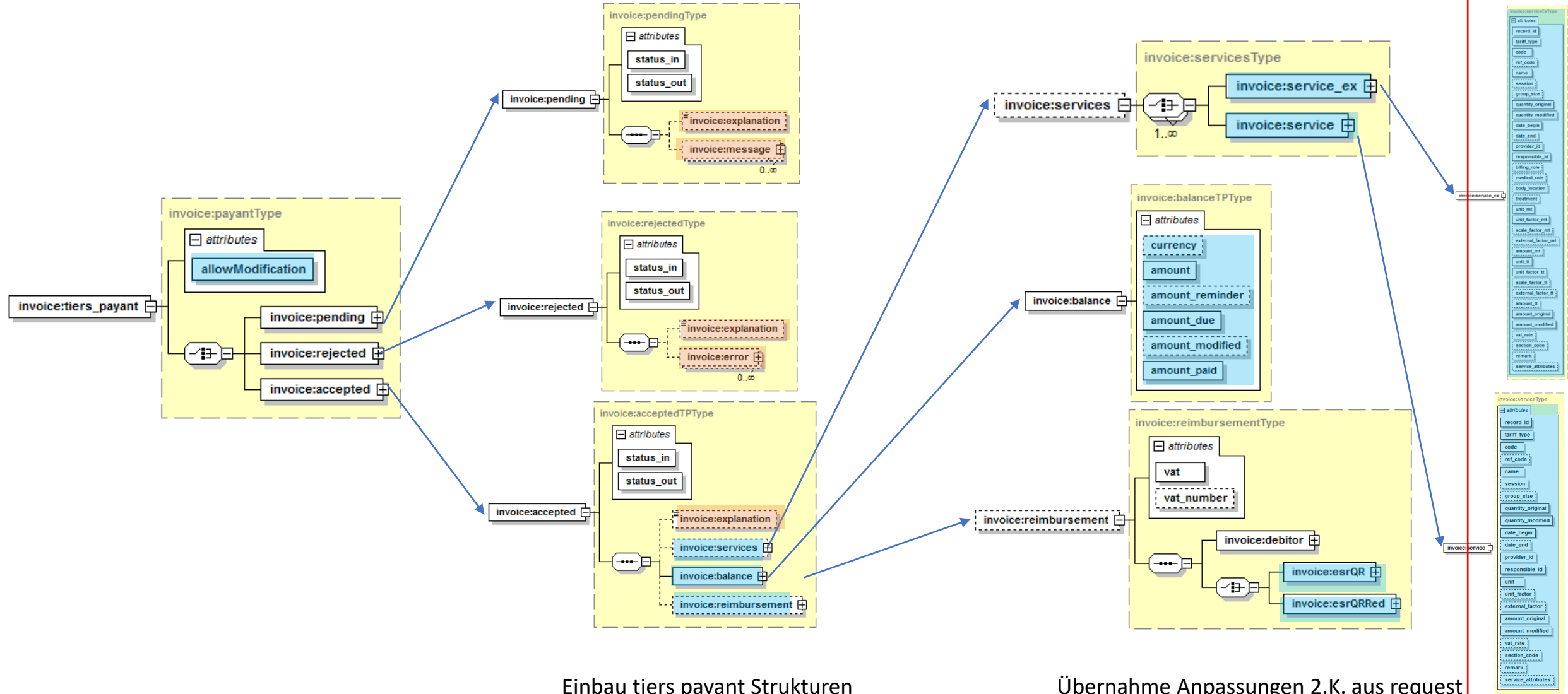
Einbau tiers_soldant Strukturen

Ausbau amount_modified «Datenschutz»

Anpassungen tiers_payant

5.0 (1.K. & 2.K.)

Analog
Request 2.K.



Einbau tiers payant Strukturen

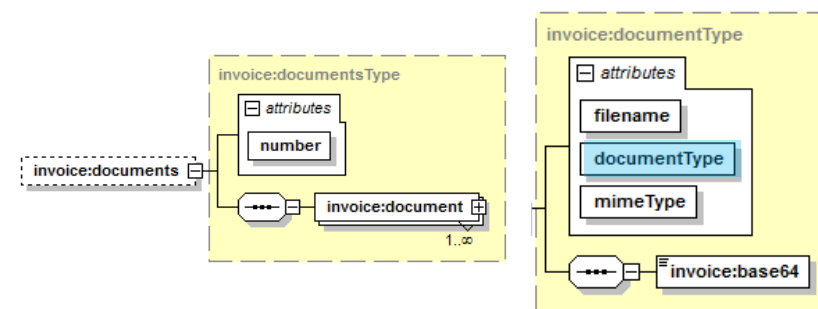
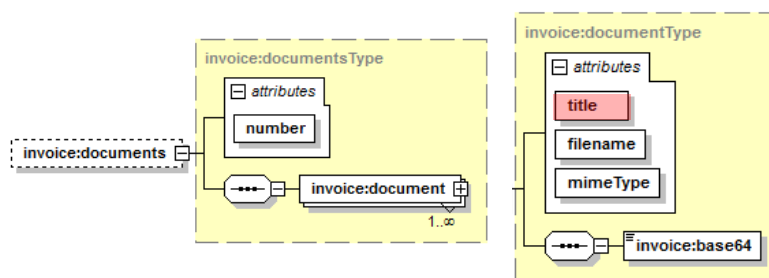
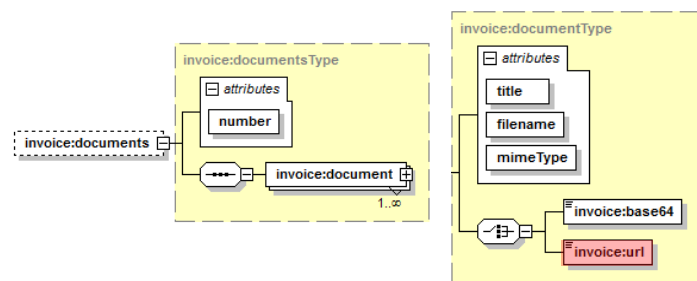
Übernahme Anpassungen 2.K. aus request

Anpassungen documents

4.5

5.0 (1.K.)

5.0 (2.K.)



Ausbau url → Datenschutzproblem

Problem title → Unspezifisch

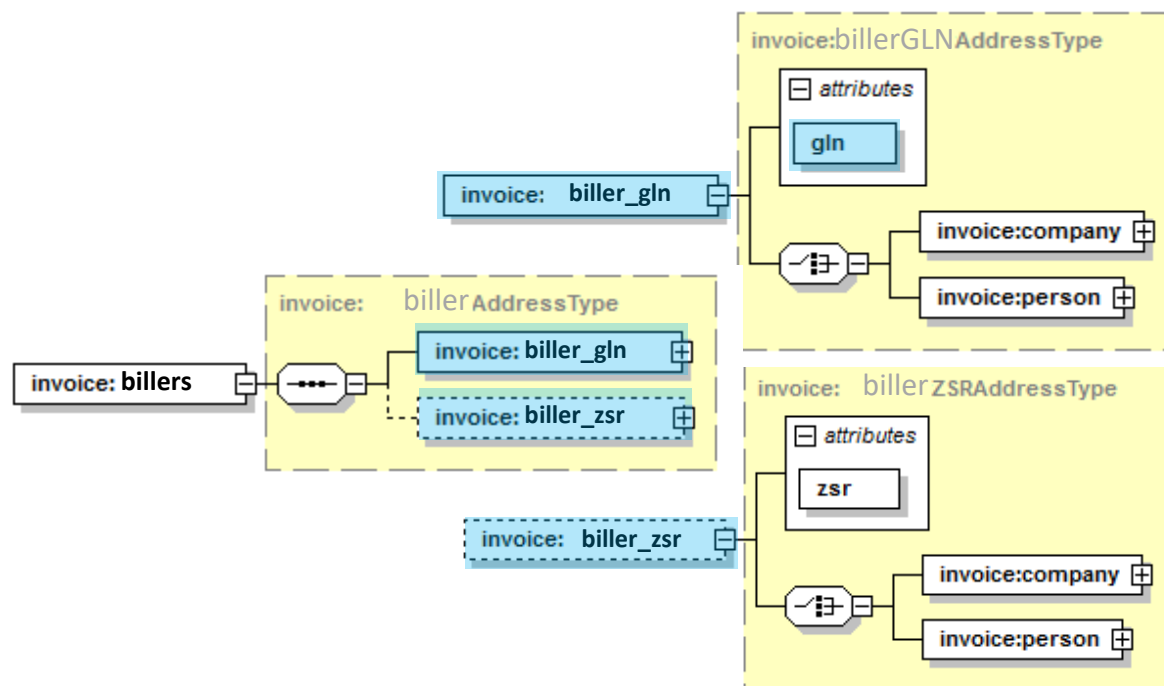
Einbau documentType mit Wertebereich

Inhalte der Präsentation

- Anpassungen XML Standard generalInvoice 4.5 → 5.0 (1.K.) → 5.0 (1.K.)
- Anpassungen Dokumentation im XML-Browser generalInvoice 5.0
- Anpassungen Service-Attribute

Anpassungen Dokumentation

Präzisierung Rechnungssteller «biller»



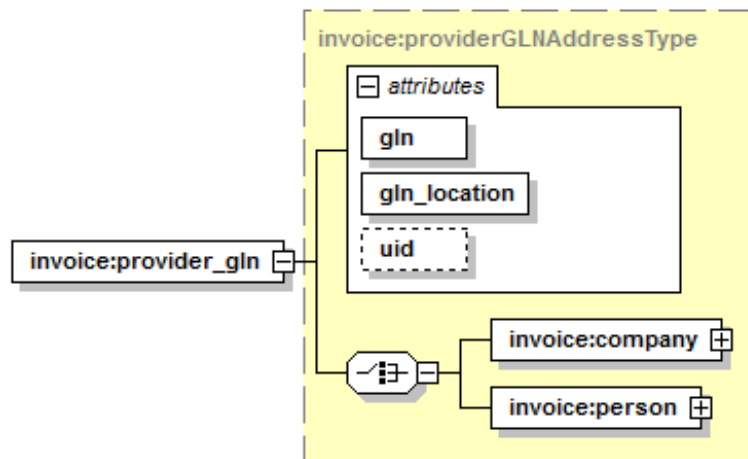
The **biller** address element defines the biller or creditor in an invoice/reminder process.

The provider can take on this role itself or outsource it to an organisation it trusts.

The zsr for the biller is optionally defined. However, the delivery of the zsr can be contractually agreed. If the biller and provider have a different zsr, this must be supplied in the case of a contract if the payment address is stored in the zsr register.

Anpassungen Dokumentation

Gesetzliche Präzisierung bei der gln provider



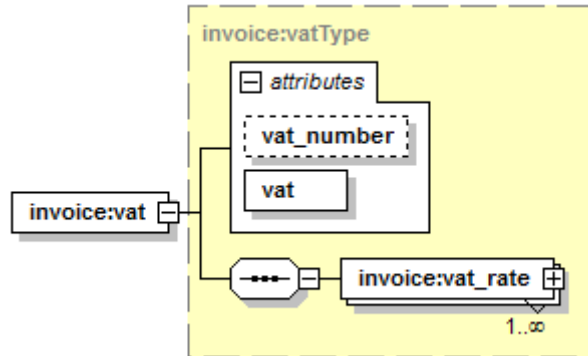
The gln is the provider's required GLN as defined by RefData

If in agreement with the health insurance, the GLN given can be a Swiss SSN (social security number), provided that the treatment is carried out by the patient himself or a relative of the patient.

The service provider must have an uid. If no VAT has to be paid, social security contributions must at least be paid via the corresponding uid.

Anpassungen Dokumentation

Aktualisierung Dokumentation MwSt-Nr. / vat_number



vat_number is the individual vat number of the **provider** as given by the "Swiss Federal Tax Administration". ~~Both forms the old 6-digit number as well as the new UID-dependent number is allowed. However,~~ The electronic layout of the number must be supplied as suggested by the federal administration. In the electronic layout all punctuation characters ('-' and '.') as well as the language dependent attribute in the new form ('MWST', 'IVA', 'TVA') are striped. ~~Consequently, the vat number must be expanded appropriately prior to be printed, e.g.~~

- ~~• Old vat number: electronic layout 799000 is printed as 799.000~~
- ~~• New vat number: electronic: CHE123456789 is printed as CHE-123.456.789 MWST (for german language!)~~

~~Of course, if the biller has not been assigned such a vat number leave the field empty.~~
 If the provider does not have to pay vat, leave the field empty.

Anpassungen Dokumentation

Korrektur Dokumentation insured

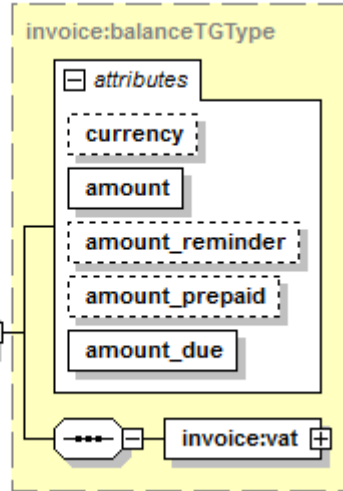
element **payantType/insured**

Annotation	<p>The optional insured address element defines an insured person who is charged instead of the patient. There are exactly 2 use cases for the utilization of the "insured" element:</p> <ul style="list-style-type: none">• Newborn use case If the following conditions hold true then a mother's address is supplied as insured element<ul style="list-style-type: none">○ the patient is the newborn○ it is an invoice of a stationary DRG case○ the DRG position defines a birth• Organ Donation If the following conditions hold true then an organ donation recipient's address is supplied as insured element<ul style="list-style-type: none">○ the patient is the organ donor○ it is an invoice of a stationary DRG case○ the position defines a transplantation or services related to a living donor transplantation <p>In all other circumstances the semantics of "insured" is unknown.</p>
------------	--

Anpassungen Dokumentation

Korrektur Dokumentation balance TP & TS

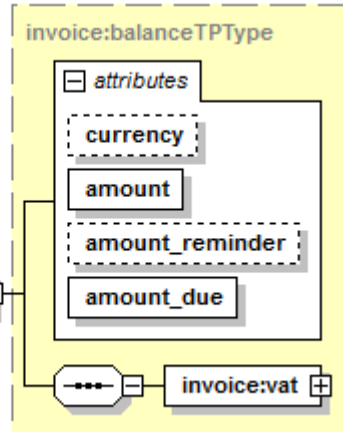
TG



amount_due

amount_due is the amount due for the invoice/reminder (and coded into the ESR payment transaction) calculated as
 $\llbracket \text{amount} + \text{amount_reminder} - \text{amount_prepaid} \rrbracket$
 where the used summands are 2-digit precision amounts and the result is **finally rounded half up** ("Kaufmännisches Runden")

TP & TS



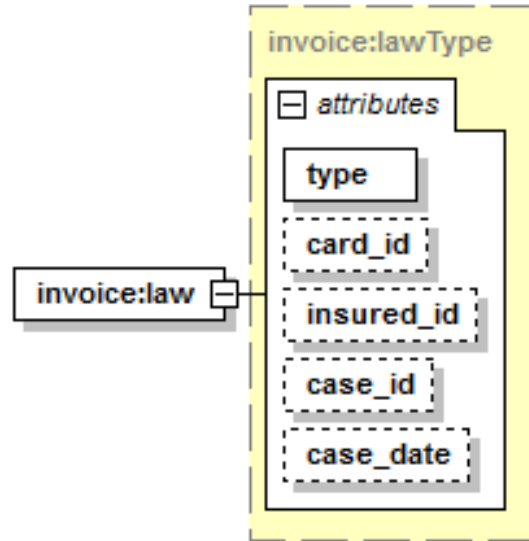
amount_due

amount_due is the amount due for the invoice/reminder (and coded into the ESR payment transaction) calculated as
 $\llbracket \text{amount} + \text{amount_reminder} - \text{amount_prepaid} \rrbracket$
 where the used summands are 2-digit precision amounts and the result is **finally rounded half up** ("Kaufmännisches Runden")

amount_prepaid gibt es nicht und ist in der Doku zu löschen.

Anpassungen Dokumentation

Korrektur Dokumentation insured_id



insured_id

the optional **insured_id** is the ~~old proprietary~~ KVG customer number also known as insured number.

~~Note that the insured_id should only be filled if no card_id is defined. In fact the usage of the insured_id is deprecated since it is an outdated identification.~~

Rules for the rounding procedure

The Forum Datenaustausch defines a couple of axiomatic rounding **rules** that apply to amounts.

These rounding rules are:

- the amount of a service is calculated by the formula

`«amount = external_factor * quantity * TP * TPV * scale_factor»`

in **full precision** and the result is **rounded to 2 significant decimal places**.

- for ~~Tarmed services~~ this is done for the **medical and technical part independently** and the amount is formed as

`amount = amount_mt + amount_tt`

service_ex (TARMED / TARDOC)

The **service_ex** element defines an extended service structure where some data exists in a dual form basically to describe 2 parts namely a medical and technical situation. **The TARMED or TARDOC tariff are examples of such an extended tariff structure.**

Anpassungen Dokumentation

Präzisierungen Datenfelder service **_ex** Record → request & response

tariff_type is the official 3-character designator of the used tariff as given by the [Forum Datenaustausch](#). Currently, tariff type "001" for **TARMED** and tariff type "007" for **TARDOC** are the only used tariff of that type.

ref_code is a back-reference code ("parent code") to a previously given service. Of course, ref_code is empty if the current service does not need such a back-reference.

If a mandatory reference is defined in the tariff, this must be entered.

session is the session number of the service. The session concept divide each day into a number of individual accomplished treatment units, starting each day with 1 and incrementing by 1 for each new treatment unit. Some tariffs do not include a session concept, others like **TARMED/TARDOC** heavily relay on this paradigm. For tariffs without a session concept simply input '1' as session number for all services.

tt-Elemente:

Aus Gründen der Rückwärtskompatibilität wird das Kürzel «**TT**» (technische Taxpunkte) belassen. Auf der Rechnungsformular kann das Kürzel «**IPL**» (Infrastruktur und Personal-Leistung) verwendet werden.

→ Der Platz auf dem Formular muss überprüft werden!

Anpassungen Dokumentation

Präzisierungen Datenfelder service Record → request & response

unit_factor is the tax point value (TPV) **or baserate** of the applied service
unit_factor is defined as double and **must not be rounded** but given in full precision.

ref_code is a back-reference code ("parent code") to a previously given service.
Of course, ref_code is empty if the current service does not need such a back-reference.
If a mandatory reference is defined in the tariff, this must be entered.

unit is the tax point (TP) **respectively costweight** or the price of the applied service
unit is defined as double and **must not be rounded** but given in full precision.
Negative values in unit are permitted if required by the tariff.

unit_factor is the tax point value (TPV) **or baserate** of the applied service
unit_factor is defined as double and **must not be rounded** but given in full precision.

name is the official service name as given by the used tariff catalog. **If the tariff text represents a group, the individual product can be specified as the name.**

amount is the charged amount of the applied service
Note, that amount must fulfill the equation:

$$\llcorner \text{external_factor} * \text{quantity} * \text{unit (TP)} * \text{unit_factor (TPV)} \gg$$

for non-DRG services, whereas for DRG (**SwissDRG / TARPSY / ST Reha**) services the following equation holds true:

$$\llcorner \text{cost_fraction} * \text{external_factor} * \text{quantity} * \text{unit (TP)} * \text{unit_factor (TPV)} \gg$$

Both equations are calculated in full precision and the result rounded to 2 significant decimal places. This procedure is the reason for storing the multipliers in full precision.

Anpassungen Dokumentation

Präzisierungen Datenfeld hospitalisation_mode

Annotation Attribut genauer beschreiben, was heisst indiziert und nicht indiziert.

→ keine Möglichkeit im Wohnkanton / Wahlbehandlung

führt immer wieder zu Diskussionen mit den Leistungserbringern

hospitalization_mode is the mode of hospitalization encoded by a terminal set of tokens

- **cantonal**: the mode of hospitalization is **cantonal** - patient's domicile is in the treatment canton
- **noncantonal_indicated**: the mode of hospitalization is **noncantonal_indicated**
 - patient's domicile is not in the treatment canton, but treatment is indicated
 - treatment indicated may be justified if there is no treatment option in the canton of residence and it is a non-elective treatment
- **noncantonal_nonindicated**: the mode of hospitalization is **noncantonal_nonindicated**
 - patient's domicile is not in the treatment canton and treatment is not indicated

Anpassungen Dokumentation

Korrektur law «card_id»

law

card_id	<p>card_id is the patient's identification number at the insurance (the policy number). It should be noted that the existence, form and specifications of card_id is dependent on the law:</p> <ul style="list-style-type: none"> • KVG: defines the required 20-digits official identification number of the patient at the insurance. If the insurance card ID is unknown or unavailable (it might be a resident of a foreign country) than the old proprietary KVG customer number of the insurance might be supplied instead. • VVG: defines the optional VVG identification number of the patient. • UVG: defines the optional SSN ("social security number") as the UVG's identification number of the patient. • IVG: defines the required SSN ("social security number") as the IVG's identification number of the patient. If no SSN is supplied, a rejection must be expected. • MVG: defines the required SSN ("social security number") as the MVG's identification number of the patient. If no SSN is supplied, a rejection must be expected. • ORG: defines the optional SSN ("social security number") as the ORG's identification number of the patient.
---------	---

insured

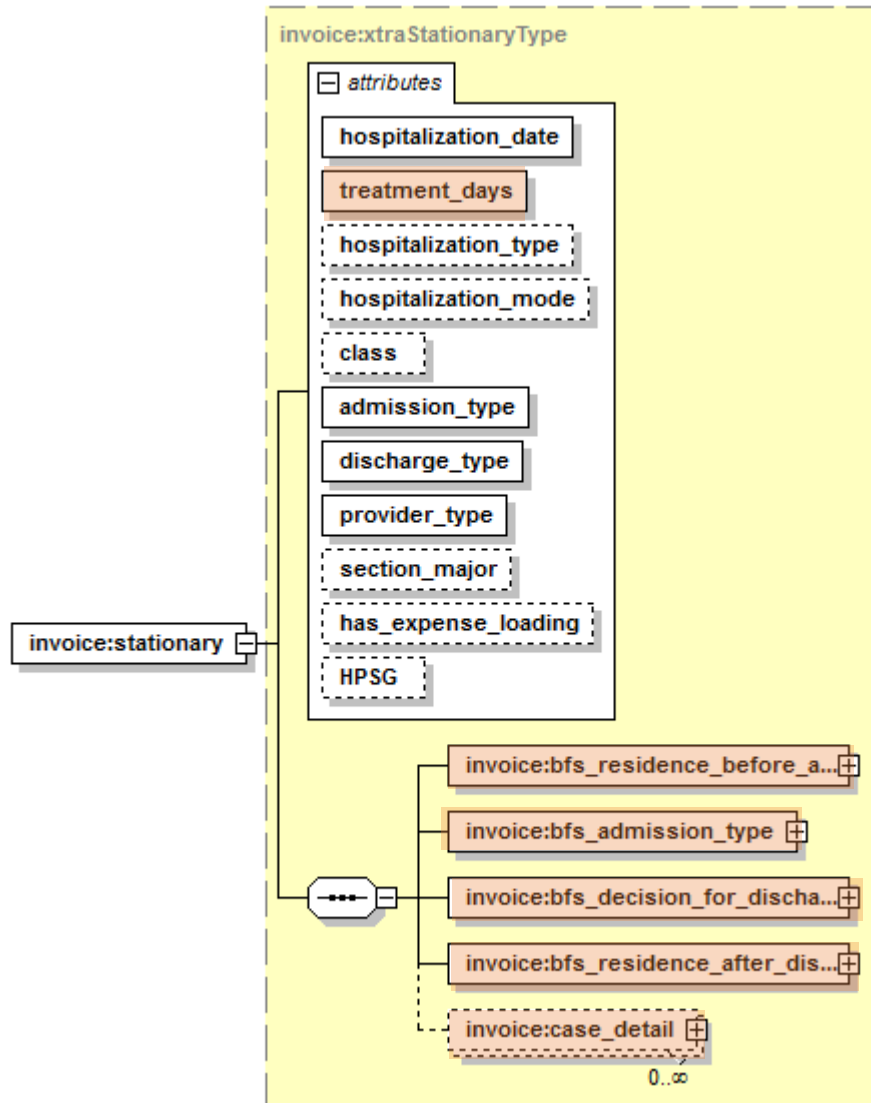
card_id	<p>the card_id defines the optional 20-digits official card identification of the insured at the insurance. If the card_id is unknown or unavailable (it might be a resident of a foreign country) than supply the proprietary insured id identifying the insured at that insurance.</p>
---------	---

Identischer
Text für law &
insured

the card_id defines the optional 20-digits official card identification of the insured at the insurance. If the card_id is unknown or unavailable (it might be a resident of a foreign country) than supply the proprietary insured id identifying the insured at that insurance.

Anpassungen Dokumentation

Allgemeine Dokumentation im XML-Browser → Ausgelagerte Dokumentation



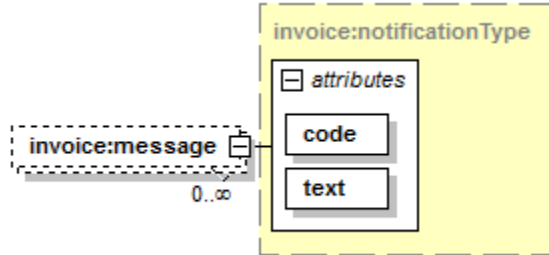
Für die orange markierten Felder ist die Dokumentation im XML-Browser nicht ausreichend. Der Inhalt dieser Felder ist änderungsanfällig, fremdbestimmt und zum Teil sehr umfangreich.

Im XML-Browser wird daher nur eine allgemeine Information hinterlegt und auf eine umfangreiche Dokumentation verwiesen, welche ebenfalls auf der Website des Forum Datenaustausch hinterlegt ist.

Anpassungen Dokumentation

Präzisierungen response Felder message / code

Response: **soldantType/pending**



The **message** element defines either a reason why the request is in the pending state or an instruction how to proceed for leaving this state. E.g. the insurance is awaiting further documents ~~like the "Minimal clinical dataset"~~ (mcdRequest).

There is an unbounded number of such messages possible all given in the language defined by the response@language attribute.

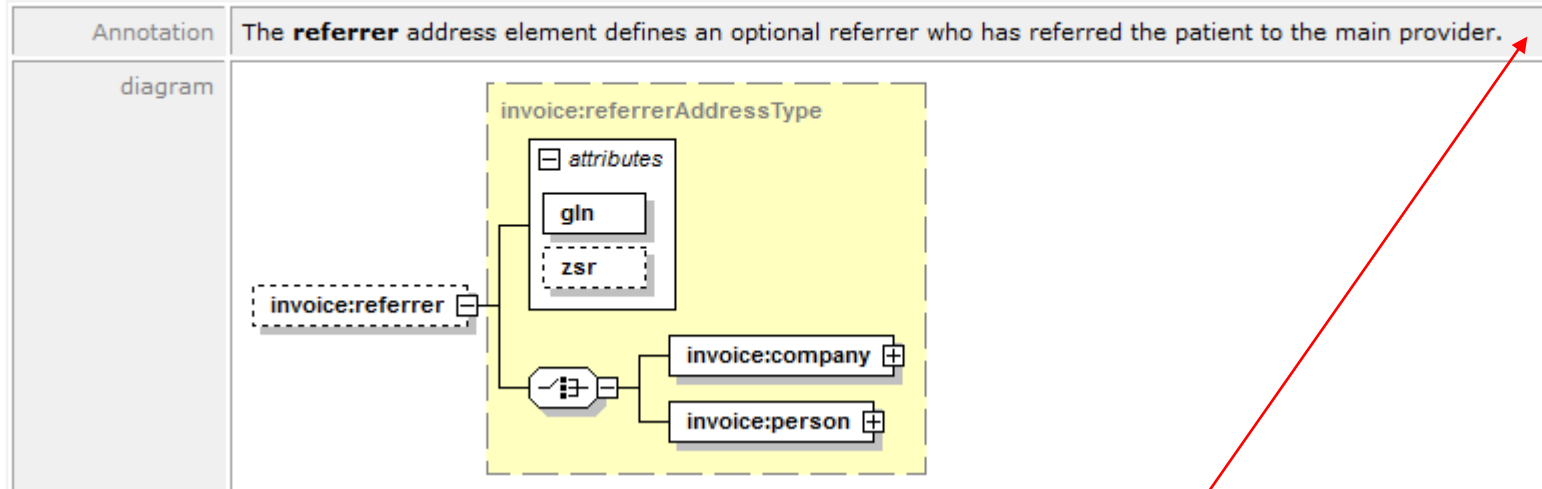
Response: **soldantType/pending or rejected**
 payantType/pending or rejected

code is a code of the notification. These codes are insurance specific **or the codes recommended by the Forum Datenaustausch.**

Anpassungen Dokumentation

Präzisierungen referrer → neu partner-Type

element **payantType/referrer**



Es gibt immer wieder Diskussionen und soll daher erweitert werden.

Die Angabe ist gesetzlicher oder vertraglicher Natur.

The information block is of a legal or contractual nature.

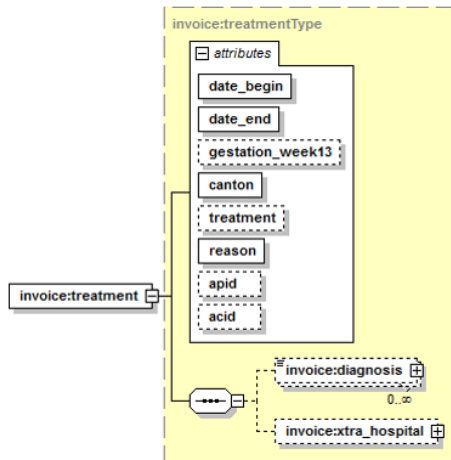
Die gesetzliche bzw. vertragliche Präzisierung wird in den Partner-Type einfließen.

Anpassung Dokumentation

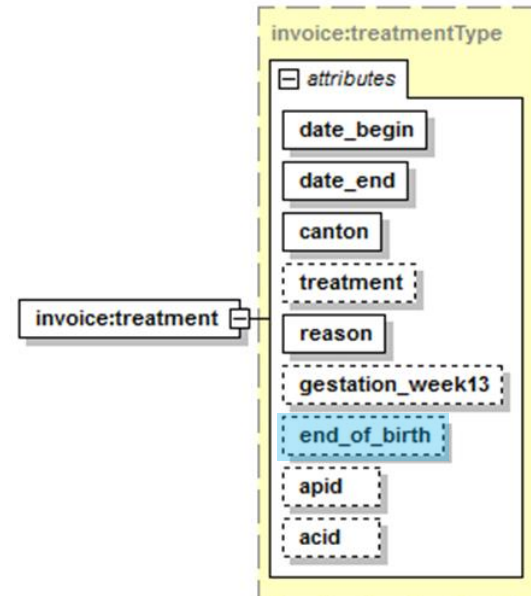
Umbenennung birthdate_baby → end_of_birth

Anpassungen treatment

4.5



5.0 (1.K. & 2.K.)



Einbau fehlendes Datum Ende der Geburt

The `end_of_birth` is defined when the placenta has been completely expelled from the body.

Please note that `treatment@reason=maternity` is required as well to signal an ongoing maternity case up until 8 weeks after the end of birth.

This `end_of_birth` is used by the insurance to verify the legality of specific services during the post pregnancy period.

Anpassungen Dokumentation

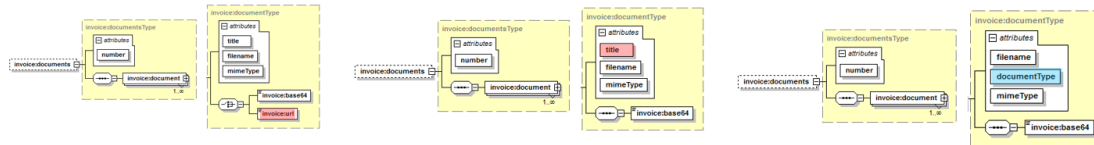
Erweiterung → documentType

Anpassungen documents

4.5

5.0 (1.K.)

5.0 (2.K.)



documentType describes the document in terms of its semantic content encoded by a terminal set of tokens

- **Report:** the semantic content is of type **Report**
- **Image:** the semantic content is of type **Image**
- **Unemployability:** the semantic content is of type **Unemployability**
- **Questionnaire:** the semantic content is of type **Questionnaire**
- **Notification:** the semantic content is of type **Notification**
- **Planning:** the semantic content is of type **Planning**
- **Prescription:** the semantic content is of type **Prescription**
- **UndefinedDoc:** the semantic content is unknown or undefined and thus the type is **UndefinedDoc**

Ausbau url → Datenschutzproblem

Problem title → Unspezifisch

Einbau dokumentType mit Wertebereich

Gelöschte Elemente Anzunehmende Elemente Neue & angepasste Elemente

35

Fehlender Dokumenttyp Lohnzession

→ Salary cession

Falls nur eine Versicherungsdeckung TS besteht, ist das Dokument Lohnzession obsolet.

Anpassungen Dokumentation

Strukturierte Liste im XML-Schema → admission_type

element	code	name(DE)
admission_type	0	normal
	1	verlegt (Aufenthalt>24h im verlegenden Spital)
	2	verlegt (Aufenthalt<24h im verlegenden Spital)
	3	unbekannt
discharge_type	0	normal
	1	verlegt (in ein anderes Spital)
	2	verstorben
	3	gegen ärztlichen Rat beendet
	4	unbekannt
provider_type	0	Akutspital
	1	Geburtshaus
	2	Psychiatrische Klinik
	3	Rehabilitationsklinik



Generische Liste im XML Browser definiert

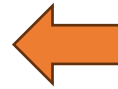
admission_type mit einer definierten Token-Struktur:

- **home:** the patient's admission location is his home
- **home_with_spitex_care:** the patient's admission location is his home having a spitex care as support
- **hospital:** the patient's admission location is a hospital (stay > 24h in the transferring hospital)
- **hospital:** the patient's admission location is a hospital (stay < 24h in the transferring hospital)
- **nursing_home:** the patient's admission location is a nursing home
- **retirement_home:** the patient's admission location is a retirement home
- **psychiatric_clinic:** the patient's admission location is a psychiatric clinic
- **rehabilitation_clinic:** the patient's admission location is a rehabilitation clinic
- **birth_house:** the patient's admission location is a birth house
- **correctional_facility:** the patient's admission location is a correctional facility
- **other:** the patient's admission location is not mentioned above
- **unknown:** the patient's admission location is unknown

Anpassungen Dokumentation

Strukturierte Liste im XML-Schema → discharge_type

element	code	name(DE)
admission_type	0	normal
	1	verlegt (Aufenthalt>24h im verlegenden Spital)
	2	verlegt (Aufenthalt<24h im verlegenden Spital)
	3	unbekannt
discharge_type	0	normal
	1	verlegt (in ein anderes Spital)
	2	verstorben
	3	gegen ärztlichen Rat beendet
	4	unbekannt
provider_type	0	Akutspital
	1	Geburtshaus
	2	Psychiatrische Klinik
	3	Rehabilitationsklinik



Generische Liste im XML Browser definiert

discharge_type mit einer definierten Token-Struktur:

- **home:** the patient's discharge location is his home
- **home_with_spitex_care:** the patient's discharge location is his home having a spitex care as support
- **hospital:** the patient's discharge location is a hospital
- **nursing_home:** the patient's discharge location is a nursing home
- **retirement_home:** the patient's discharge location is a retirement home
- **psychiatric_clinic:** the patient's discharge location is a psychiatric clinic
- **rehabilitation_clinic:** the patient's discharge location is a rehabilitation clinic
- **birth_house:** the patient's discharge location is a birth house
- **correctional_facility:** the patient's discharge location is a correctional facility
- **death:** the patient died during his stay
- **terminated:** the patient was discharged against medical advice
- **other:** the patient's discharge location is not mentioned above
- **unknown:** the patient's discharge location is unknown

Anpassungen Dokumentation

Strukturierte Liste im XML-Schema → provider_type

element	code	name(DE)
admission_type	0	normal
	1	verlegt (Aufenthalt>24h im verlegenden Spital)
	2	verlegt (Aufenthalt<24h im verlegenden Spital)
	3	unbekannt
discharge_type	0	normal
	1	verlegt (in ein anderes Spital)
	2	verstorben
	3	gegen ärztlichen Rat beendet
	4	unbekannt
provider_type	0	Akutspital
	1	Geburtshaus
	2	Psychiatrische Klinik
	3	Rehabilitationsklinik



Generische Liste im XML Browser definiert

provider_type mit einer definierten Token-Struktur:

- **hospital**
- **birth_house**
- **psychiatric_clinic**
- **rehabilitation_clinic**
- **other_clinic**

Inhalte der Präsentation

- Anpassungen XML Standard generalInvoice 4.5 → 5.0 (1.K.) → 5.0 (1.K.)
- Anpassungen Dokumentation im XML-Browser generalInvoice 5.0
- Anpassungen Service-Attribute

Anpassung Service-Attribute

Keine Pflichtleistung

Defined service attributes

The definition of each service record includes an attribute "service_attributes". Each bit of that 32-bit value has a special meaning which is defined below.
The bit positions can be ANDed together to form the overall refinement/enhancement of a given service.

Defined bit positions as of **May 2023**

Bit	Meaning
Bit 1 (0x000001)	Code207: no drug substitution due to medical reasons. Applies to drug services only! If this bit ("Code207") is set, the service provider declares that the drug prescribed must not be substituted due to medical reasons.
Bit 2 (0x000002)	franchiseFree: Franchise exemption of given service If this bit ("franchiseFree") is set, the service provider declares that the service was provided as franchise free.
Bit 3 (0x000004)	drugOffLabelUse: off label use of a drug in accordance with Art. 71a-c KVV If this bit ("drugOffLabelUse") is set, the service provider declares that the off-label prescription of the drug has been approved by the healthcare insurance by means of a prior accepted credit request.

Mit dem Wegfall der Spalte P fehlt ein service_attribut

→ Keine Pflichtleistung

Bit 4 Pflegeleistung ohne ärztliche Anordnung → per 1.7.2024

Bit 5 Einführen mit dem Kontext «Keine Pflichtleistung» → Text- und Code-Vorschlag ausstehend → **Pendenz!!**

Tarifziffer / Bezugsziffer:

Kolonnen verbreitert: Platz für zwei GTIN

Kolonnen P: Medizinisch indiziert gelöscht

Summe: davon PFL gelöscht

Version 4.5

Datum	Tarif	Tarifziffer	Bezugsziffer	Sl	St	Anzahl	TP AL/Preis	fAL	TPW AL	TP TL	fTL	TPW TL	AV PM	Betrag
26.02.2018	001	00.2520		1		1.00	110.00	0.93	0.91	0.00	1.00	0.91	12 10	93.09
		Notfall-Inkonvenienzpauerschale B, Mo-So 19-22, Sa 12-19, So 7-19												
26.02.2018	001	00.0010		1		1.00	10.42	0.93	0.91	8.19	1.00	0.91	12 10	16.27
		Konsultation, erste 5 Min. (Grundkonsultation)												
26.02.2018	001	00.2530	00.0010	1		1.00	9.69	0.25	0.91	8.19	0.00	0.91	12 10	2.20
		(-) %-Zuschlag für Notfall B, Mo-So 19-22, Sa 12-19, So 7-19												



Code	Satz	Betrag	MWSt	MWSt-Nr.: CHE-108.791.452 MWST	Gesamtbetrag:
0	0.00	111.56	0.00	Währung: CHF	111.56
				IBAN: CH09 3076 9016 1105 9126 1	davon PFL:
				Referenz-Nr.: 00 00000 00000 00000 01236	111.55
					Fälliger Betrag:
					111.55



fachorgan@forum-datenaustausch.ch