

Inbound Data Requirements and Specifications

CDM Management

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INTRODUCTION

FinThrive provides data-driven solutions designed to help your facility achieve its financial and operational goals. In order to provide the best service, we ask that you provide various types of input data files that, once received, are imported into our product databases and used to enable our solutions.

SOLUTIONS

This document describes the data requirements and specifications for the following FinThrive solution:

- **CDM Management - Epic**

The document is divided into the following sections to help you quickly locate the data requirements and specifications you need:

- **File Types by Solution** – This section provides a list of the required file types for each FinThrive solution involved in this implementation or request.
- **File Types by Category** – These sections provide detailed specifications based on the system that generates the data in each file type. File Type categories include:
 - Patient Accounting System

Please note that this document is intended for use as a data reference both during and after the solution implementation. It presents all file types that may apply. Some may not apply based on the product features you wish to use, your patient accounting system, or the availability of data from other FinThrive solutions that you are using. The specific types that apply will be identified early in the project and those will receive the focus of the data implementation.

FILE TYPES BY SOLUTION

This section provides a list of the required file types that apply to each FinThrive solution.

Note: Several solutions use the same file types, but only a single instance of a file type may be required, as FinThrive attempts to share data internally across solutions. For example, many solutions require CDM data; however, since the data is shared, only one CDM file needs to be submitted.

The file types and data needed for each solution are detailed in the tables below. During the implementation, FinThrive will clearly identify which files you will need to send to us.

CDM Management - Epic

File Type	Description	Required For	Typical Frequency	Typical Historical Requirement
<i>Inbound Patient Accounting System Files</i>				
Alternate CPT	Provides all information needed to link alternate CPT coding to the charge item.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Alternate Revenue Code	Provides all information needed to link alternate Revenue/UB coding to the charge item.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Procedure Master	The Procedure Master file is a master list of all procedure codes along with their associated default revenue codes, default CPT codes, charge amounts, cost centers, and other information used within the patient accounting system.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Revenue and Usage	Provides volume and total revenue by CDM charge code broken out by department, patient type, and insurance plan.	Summarizes volume or usage by charge code and displays the data in the CDM Management.	Monthly	1 Year
Optime - Supply	The Optime_Supply file is a master list of all Optime codes along with their linked Procedure Codes, descriptions, prices, and other information used within Optime.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Willow - Medications	The Willow Medications file is a master list of all Willow NDCs along with their linked Procedure Codes, descriptions, prices, and other information used within Optime.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None

Data Extract Notes

- Reference the spec configuration in the Foundation System. The Foundation System is located under Support and hosted in the Epic UserWeb.

- Within the Foundation System, look in the Reporting Workbench for the HB CDM extract. Six files should be created: Procedure, Alternate CPT, Alternate Rev Code, Optime/Supply, Willow/Medications and Fee Schedule Group.

NOMENCLATURE

The remainder of this document discusses the file types that apply to the solutions being implemented. The data elements pertinent to each file type are identified and characterized. The applicability of each data element to the various solutions is annotated as follows:

R	Required	These fields are required.
C	Conditionally Required	These fields are required under specific circumstances, as explained in the comments column.
P	Preferred	These fields are not absolutely required but are strongly recommended in order for you to receive value from various features of the solution.
O	Optional	Fields marked as optional are useful for minor system functions. Omitting them will not significantly hamper the value you receive from the system.
T	To Be Determined	The need for these fields will be determined during the implementation process based on client requirements.
NA	Not Applicable	

Note: If there is no annotation associated with the data element, please treat it as required.

FILE NAMING CONVENTIONS

File naming recommendations are provided later in this document for all file types. The FinThrive file naming template is:

CDM Managementxxxxxxx_AAAAAAAA_yyyymmdd_yyyymmdd_hhMMssmm_zzz.txt

The components of the file naming are as follows:

- **Facility/Payer identifier** (xxxxxxx): Uniquely identifies a facility or payer and can be up to 10 characters in length. A facility/payer identifier is required for multi-facility health systems that send a given file type from multiple facilities or payers.
- **File type identifier** (AAAAAAA): Identifies what the file is (e.g., “CDMAST” for CDM files or “POSTUB” for Post UB claim files), and is defined by FinThrive. File type identifiers for individual file types are published later in this document. File type identifiers allow clients to add qualifiers that add uniqueness to multiple files with the same name. For example, a client could send two Post UB file feeds: one as a print image and another as an 837. The client would name the files as follows:

xxxxxxx_POSTUB837_yyyymmdd_...

xxxxxxx_POSTUBPI_yyyymmdd_...

- **Date:** Identifies the date the file was created, or the effective date of the data in the file. The second date component (_yyymmdd) allows for an optional end date that applies to data spanning multiple days. The date format is *yyymmdd*.
- **Time:** Identifies the time the file was created. The time format is: hhMMssmm (hour [military], minute, second, millisecond).

- **Initials:** Identifies the person who created the file or if the file was created automatically, this component will read “Process.”

MASTER FILES

FinThrive prefers to receive one set of master files for each facility. If you have a common set of master information that spans multiple facilities, please discuss this with your FinThrive Data Acquisition Consultant to determine the best way to package the information for submittal.

FILE FORMAT

Unless specified otherwise, all files should:

- Delimit fields using a pipe (“|”) character.
- Separate lines by CRLF (Carrier Return Line Feed).
- Be generated in ASCII text format.
- Contain a header record.
- File columns follow the order in the Data Specification.
- Include placeholders for any field defined whether values are provided or not.

It is imperative that no pipes (‘|’) appear in the data itself. If your data contains pipes, either remove them or discuss using an alternate delimiter character with FinThrive.

If no data is present for a given file, a file should be generated with headers only.

FILE EXAMPLE

The sample below illustrates this formatting:

```
8665994259785|601|J0559|953245128650|Pediatrics|Bicillian CR|TubrexCR|1200000UNT/2ML|1200000/2ML|Intramuscular|1|112.55  
8665994259785|601|J1589|5456959110|Internal Medicine|Prednisone||5MG|48/pack|Tablets|1|98.75
```

DATA TYPES

A data type is associated with each data element. The distinct data types and their meanings follow:

- **Text:** A character string consisting of any alphabetic, numeric, or printable special characters.
- **Integer:** A whole number containing an appropriate number of digits. An integer can be positive or negative. Negative integers must be preceded by a minus (“-”) sign.
- **Decimal:** A decimal number containing an appropriate number of digits to the left and right of the decimal point. Decimal point must be included. Can be positive or negative. Negative integers must be preceded by a minus (“-”) sign.

- **Money:** A decimal number containing an appropriate number of digits to the left of the decimal and two digits to the right of the decimal point. Decimal point must be included. Can be positive or negative. Negative integers must be preceded by a minus (“-“) sign. No other punctuation is needed (e.g., “\$”, “,”).
- **Date:** Calendar date. Recommended format is MM/DD/YYYY.
- **Time:** Time. All time fields request time in military format (HH:MM).
- **DateTime:** Date and time together. Recommended format is MM/DD/YYYY HH:MM.

PATIENT ACCOUNTING SYSTEM FILE TYPES

This section details file types containing data generated by your facility's patient accounting system. The file types include:

- Epic Alt CPT
- Epic Alt Rev Code
- Epic Optime
- Epic Procedure
- Epic Revenue and Usage
- Epic Willow

Epic – Alternate CPT

Characteristic	Details	
Description	Provides all information needed to link alternate CPT coding to the charge item.	
File Naming	xxxxxxxxx_CDMAST_AltCPT_yyyymmdd_yyyymmdd_hhMMssmm_zzz.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period.
	Ongoing	The file must contain all active items.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	Location	Client-assigned unique identifier for a facility.	10	Numeric	C	Name or identifier for multiple entities within the file. Required for multiple facilities.
2	Procedure External ID	Also known as the shell code	20	String	R	Procedure External ID + Location are the foreign keys that link the tables together
3	Line Counter		100	Numeric	P	
4	Cost Center ID	Identifies the cost center that submits the charge.	10	String	R	
5	Payor	Identifies the payor associated with the alternate CPT/HCPCS code	100	String	R	
6	Department Code	Department code associated with the alternate coding	100	String	P	
7	Effective From	Identifies when the charge became active	8	Date	P	Format: MM/DD/YYYY
8	Effective To	Identifies when the charge will become inactive	8	Date	P	Format: MM/DD/YYYY
9	File Date	Date file was generated	8	Date	P	Format: MM/DD/YYYY
10	Alternate CPT/HCPCS Code	The alternate CPT/HCPCS code	10	String	R	

Epic – Alternate Revenue Code

Characteristic	Details	
Description	Provides all information needed to link alternate revenue coding to the charge item.	
File Naming	xxxxxxxxx_CDMAST_AltRev_yyyymmdd_yyyymmdd_hhMMssmm_zzz.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period.
	Ongoing	The file must contain all active items.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	Location	Client-assigned unique identifier for a facility.	25	Text	C	Name or identifier for multiple entities within the file. Required for multiple facilities.
2	Procedure External ID	Also known as the shell code	25	Text	R	Procedure External ID + Location are the foreign keys that link the tables together
3	Line Counter		99	Text	P	
4	Cost Center ID	Identifies the cost center that submits the charge.	25	Text	R	
5	Payor	Identifies the payor associated with the alternate revenue code	25	Text	R	I = Inpatient O = Outpatient E = Emergency
6	Department Code	Department code associated with the alternate coding	25	Text	P	
7	Effective From	Identifies when the charge became active	8	Date	P	Format: MM/DD/YYYY
8	Effective To	Identifies when the charge will become inactive	8	Date	P	Format: MM/DD/YYYY
9	File Date	Date file was generated	8	Date	P	Format: MM/DD/YYYY
10	Alternate Revenue Code	The alternate revenue code	4	Text	R	

Epic - Optime

Characteristic	Details	
Description	The Optime Supply File is a master list of all Optime codes along with their charge amounts, description, default HCPCS and other information used within the Optime Module.	
File Naming	xxxxxxxxx_CDMAST_Optime_yyyymmdd_yyyymmdd_hhMMssmm_zzz.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system – Optime Module	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period.
	Ongoing	The file must contain all active items.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	CDM Code	Supply identifier	25	Text	R	"SX"+Internal Supply ID
2	Location	Client-assigned unique identifier for a facility.	25	Text	C	
3	Inventory Location	Identifies the location associated with the record.	25	Text	R	Can affect price
4	Procedure External ID	Also known as the shell code.	25	Text	R	EAP "shell code"
5	Supply ID	Charge code that maps the charge item to the CDM.	25	Text	R	Supply ID from Materials Management system (will need to be configured per hospital) FinThrive Field Name: Charge Code
6	File Date	Date file was generated	8	Date	R	Format: MM/DD/YYYY
7	Effective Date	Identifies when the charge became active	8	Date	R	Format: MM/DD/YYYY
8	Description	Description of the charge.	100	Text	R	
9	Active Flag	Identifies whether the charge information is currently active	10	Text	R	Typical values: INACTIVE ACTIVE
10	Price	Default unit charge amount for this item.	15	Money	R	Format: 999999.99
11	Cost	Cost of the item purchased	15	Money	p	Format: 999999.99
12	Manufacturer Catalog #	Number associated with the item given by the manufacturer	100	Text	P	

#	Epic Field Name	Description	Max Length	Type	Need	Comments
13	Name of Manufacturer	Name of the manufacturer of the item	100	Text	P	
14	Supply Type		100	Text	P	
15	Supply Alias		100	Text	P	First alias only if multiple are defined
16	Default Revenue Code	Default revenue code associated with the charge. This is the UB code.	4	Text	R	This requires facility to set up the Rev Codes in EAP (EAP 550)
17	Default CPT/HCPCS	Default HCPCS or CPT4 procedure code associated with the charge.	5	Text	C	

Epic – Procedure Master

Characteristic	Details	
Description	The Procedure Master file is a master list of all procedure codes along with their associated default revenue codes, default CPT codes, charge amounts, cost centers, and other information used within the patient accounting system.	
File Naming	xxxxxxxxx_CDMAST_Procedure_yyyymmdd_yyyymmdd_hhMMssmm_zzz.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period including all relevant fee schedule groups as well as all applicable supply (Optime) and pharmacy (Willow) EAPs.
	Ongoing	The file must contain all items active including all relevant fee schedule groups as well as all applicable supply (Optime) and pharmacy (Willow) EAPs.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	CDM Code	Charge code that maps the charge item to the CDM.	25	Text	R	"PX"+External ID
2	Location	Client-assigned unique identifier for a facility.	25	Text	C	Name or identifier for multiple entities within the file. Required for multiple facilities.
3	Procedure External ID	Also known as the shell code	25	Text	R	Procedure External ID + Location are the foreign keys that link the tables together
4	Procedure Identifier for Import	Identifies what kind of service was provided to the patient. Charge, Room Charge, Implant Charge, etc	100	Text	R	"PX"+Internal ID
5	Description	Description of the charge.	100	Text	R	
6	Active Flag	Identifies whether the charge information is currently active	10	Text	R	Typical values: ACTIVE INACTIVE
7	Default Rev Code	Default revenue code associated with the charge. This is the UB code.	4	Text	R	
8	Default CPT/HCPCS	Default HCPCS or CPT4 procedure code associated with the charge.	5	Text	C	
9	Default CPT/HCPCS Type	Identifies the type of CPT/HCPCS	10	Text	P	Typical values are "Custom" and "CPT(R)"

#	Epic Field Name	Description	Max Length	Type	Need	Comments
10	Effective Date	Identifies when the charge became active	8	Date	R	Format: MM/DD/YYYY
11	File Date	Date file was generated	8	Date	P	Format: MM/DD/YYYY
12	Default Modifiers	The default modifier	2	Text	C	
13	Fee Schedule Group ID	Identifies the Fee Schedule Group associated with the charge item	100	Text	R	
14	Price	Default unit charge amount for this item.	15	Money	R	Format: 999999.99
15	Billing Category Description	Plain text description of the billing category	100	Text	P	
16	RVU	Unit RVUs	100	Text	P	
17	Allow Price Override		100	Text	P	Typical values are "Y" and "N"
18	Timed Charge		100	Text	P	Typical values are "Y" and "N"
19	Clinically Inactive		100	Text	P	Typical values are "Y" and "N"
20	Performable?		100	Text	P	Typical values are "Y" and "N"
21	Procedure Category Name		100	Text	P	
22	Show Code on Claim?		100	Text	P	AKA "Show HCPCS/Enter HCPCS" Typical values are "Y" and "N"
23	Synonym 1		100	Text	P	
24	Synonym 2		100	Text	P	
25	Synonym 3		100	Text	P	
26	Synonym 4		100	Text	P	
27	Synonym 5		100	Text	P	
28	Cost Center ID	Identifies the department that submits the charge.	25	Text	R	
29	Cost Center Description	Plain text description of the department code	50	Text	R	
30	Charge Type		100	Text	P	Typical values are "Technical" or "Professional"

#	Epic Field Name	Description	Max Length	Type	Need	Comments
31	Procedure Effective To Date	Identifies when the record was inactivated	8	Date	R	Format: MM/DD/YYYY
32	Fee Schedule Group Name	Name of the fee schedule group	100	Text	R	

Epic – Revenue and Usage

Characteristic	Details	
Description	The Revenue and Usage file provides volume and total revenue by CDM charge code broken out by department, patient type, and insurance plan.	
File Naming	xxxxxxxxx_RU_yyyymmdd_yyyymmdd_hhMMssmm_zzz.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system	
Facility Extract Logic	Historical	Prior fiscal year usage ensuring charge codes match those on the Procedures, Optime and Willow files, if applicable.
	Ongoing	Cumulative fiscal year-to-date usage ensuring charge codes match those on the Procedures, Optime and Willow files, if applicable.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	Identifier	Client-assigned unique identifier for a facility.	100	Text	R	"PX" + HTR 251 or "RX" + HTR 277 or "RX" + HTR 267 or "SX" + SUP .1
2	CDM Code	Unique identifier for the charge transaction.	25	Text	R	EAP 100 from HTR 251 or NDC 6 from HTR 277 or HTR 267 or SUP 1 line 1
3	SA	Identifies the service area that issued the charge.	25	Text	R	HTR 149
4	Location		25	Text	C	HTR 146
5	Cost Center ID	Identifies the department that issued the charge	25	Text	R	BCC 100 from HTR 145
6	Modifier	Modifier	100	Text	P	HTR 147
7	Base Class		15	Text	P	"I", "O", or "E" calculated from HTR 195
8	Patient Class	.	100	Text	R	HTR 195
9	Primary Financial Class	This field identifies the primary financial class associated with the CDM Code.	100	Numeric	R	HTR 190
10	Primary Insurance Plan	Insurance plan code for primary payors only. Used to categorize CDM charge item usage.	100	Numeric	R	HTR 199 if populated else "0" (Self Pay)
11	Primary Insurance Payor		100	Numeric	R	EPP 100 from HTR 199 if populated else "0" (Self Pay)

#	Epic Field Name	Description	Max Length	Type	Need	Comments
12	Product Type		100	Text	R	EPP 210 from HTR 199, else EPM 750 from EPP 100 from HTR 199, else "Self Pay"
13	YTD Amount	Cumulative FYTD revenue for the specific charge code.	15	Money	R	YTD sum of HTR 300
14	YTD Quantity	Cumulative FYTD volume for the specific charge code.	20	Text	R	YTD sum of HTR 255
15	MTD Amount	Cumulative month to date revenue for the specific charge code.	15	Money	R	MTD sum of HTR 300
16	MTD Quantity	Cumulative month to date volume for the specific charge code.	20	Text	R	MTD sum of HTR 255
17	Extract Date	Date the extract was created.	8	Date	R	Ending Extract Date Format: MM/DD/YYYY
18	Category		100	Text	P	EAP 200 from HTR 251
19	Procedure Code	Standard code used to describe specific services provided.	100	Text	P	EAP 100 from HTR 251
20	Medication ID	ERX ID assigned to Medication records only.	100	Text	R	HTR 267 in the HSP_TRANSACTIONS table

Epic CDM Volume Extract

- Produces "|" delimited file
- Selects charge HTR records (HTR 50 = 1) posted during period (based on HTR 40). Batch settings can define the length of the Procedure Code and beginning of the Procedure Name.
- Extract includes one record for each Identifier/SA/Location/Department/Modifier/Base Class/Patient Class/FC/Payor/Plan/Product Type combination.

Template	SQL
SQL Query Name	E_HB_CDM_VOLUME_BY_CVG_AND_PRD
UID	User ID with security to run batches and permissions to write to file

SQL M Code	<p>s zedate=\$\$din^HULIBFN("End Date or Date Mnemonic")</p> <p>zSA=comma delimited list of Service Areas ("",10,20,")</p> <p>s zLoc=comma delimited list of Locations ("",100,200,") - OPTIONAL</p> <p>s device=device_" - "_\$\$dout^HULIB2(zedate,"PPPO")_".txt" - OPTIONAL</p> <p>s zPrcNm=beginning of procedure's name to include in file - OPTIONAL</p> <p>s zCdLen=number of characters in Procedure Code to include in file - OPTIONAL</p> <p>s zRxLvl="ERX" to summarize charges by medication. If blank, charges will be summarized by NDC – OPTIONAL (NOTE: zRxLvl should be set in the same way as the "Rx Data at ERX or NDC Level" setting in the CDM extract is set.)</p> <p>s zSUP="N" to not summarize charges by supply. If blank, charges will be summarized by supply - OPTIONAL (Note: zSUP should be set in the same way as the "Include Supply Information?" setting in the CDM extract is set.)</p> <p>s zTmpSUP="Y" to summarize charges by supply even if the supply record is a temporary supply record. If blank, charges will not be summarized by temporary supplies – OPTIONAL (Note: zTmpSUP should be set in the same way as the "Include Temporary Supply Records?" setting in the CDM extract is set.)</p> <p>s ESQLOK=1</p>
SQL Var List	(blank)
Print Mode	4
Device	Full path and file name for output file

Epic - Willow

Characteristic	Details	
Description	The Willow Pharmacy File is a master list of all Willow codes along with their charge amounts, description, default HCPCS and other information used within the Willow Module.	
File Naming	xxxxxxxxx_CDMAST_Willow_yyyymmdd_yyyymmdd_hhMMssmm_zzz.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system – Willow Module	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period.
	Ongoing	The file must contain all active items.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	CDM Code	NDC with a "RX" prefix	25	Text	R	"RX"+NDC FinThrive Field Name: Charge Code
2	Location	Client-assigned unique identifier for a facility.	25	Text	C	
3	Pharmacy Location	Identifies the location associated with the record.	25	Text	R	Can affect price
4	Procedure External ID	Also known as the shell code.	25	Text	R	EAP "shell code"
5	Effective Date	Identifies when the charge became active	8	Date	R	Format: MM/DD/YYYY
6	File Date	Date file was generated	8	Date	P	Format: MM/DD/YYYY
7	Description	Description of the NDC	100	Text	R	
8	Active Flag	Identifies whether the charge information is currently active	10	Text	R	Typical values: INACTIVE ACTIVE
9	Default HCPCS	Default HCPCS or CPT4 procedure code associated with the NDC	5	Text	R	
10	Default Price	Default unit charge amount for this item.	15	Money	R	Format: 999999.99
11	Default Cost	Cost of the item purchased	15	Money	R	Format: 999999.99
12	Override HCPCS 1	First override HCPCS code	5	Text	C	Override criteria configurable

#	Epic Field Name	Description	Max Length	Type	Need	Comments
13	Override HCPCS 2	Second override HCPCS code	5	Text	C	Override criteria configurable
14	Override Price 1	First override price	15	Money	R	Override criteria configurable Format: 999999.99
15	Override Price 2	Second override price	15	Money	R	Override criteria configurable Format: 999999.99
16	Override Cost 1	First override cost	15	Money	R	Override criteria configurable Format: 999999.99
17	Override Cost 2	Second override cost	15	Money	R	Override criteria configurable Format: 999999.99
18	Dose Form		100	Text	P	
19	Strength		100	Text	P	Includes units
20	Package Size		100	Text	P	
21	Package Size Units		100	Text	P	
22	Package Description		100	Text	P	
23	Generic Name	Generic name of the drug	100	Text	P	First generic name if multiple found
24	Charge Amount		100	Text	P	The quantity of the medication on which the charge calculation was based. For example, if the Default Price field is based on a dose of 10 milliliters, this data element would be 10.
25	Charge Amount Units		100	Text	P	Units of previous field
26	Billing Quantity		100	Numeric	P	The quantity in billing that corresponds to the unit charge amount. For example, suppose that the Default Price field is based on a dose of 10 milliliters, but the claim would actually show the number of 5 milliliter vials. This data element would then be 2 (corresponding to two 5 milliliter vials).

#	Epic Field Name	Description	Max Length	Type	Need	Comments
27	Default Dispense Entire Package		10	Text	P	
28	Medication ID		100	Text	P	
29	Implied Quantity		100	Numeric	P	
30	Implied Quantity Units		100	Text	P	
31	Route of Administration		100	Text	P	
32	Default Revenue Code	Default revenue code associated with the charge. This is the UB code.	4	Text	R	This requires facility to set up the Rev Codes in EAP (EAP 550)