


Ayva Patient Import Reference

Reference	Attribute Name	Description	Sample Value
Patient	activeFlag	A blank value or value of TRUE will label the patient Active. A value of FALSE will label the patient Inactive.	TRUE
Patient	mrn	Medical record number (accepts alphanumeric characters, 0-9 and A-Z).	M10010001
Patient	firstName	Patient First Name	Joe
Patient	lastName	Patient Last Name	Patient
Patient	middleName	Patient Middle Name or Initial	Isa
Patient	dateOfBirth	Date of Birth (MM/DD/YYYY)	4/25/50
Patient	gender	Patient gender (MALE, FEMALE, F, M)	MALE
Patient	language	Two Letter Preferred language. Blank Value is En (English).	en
Patient	street	Street address	501 SW 1st St.
Patient	city	City	Boca Raton
Patient	state	State Abbreviation (USPS Standards)	FL
Patient	zip	5-digit zip code	33432
Patient	mobileNumber	10-digit mobile phone number (without dashes or spaces)	5615559999
Patient	email	Contact email address	email@address.com
Patient	pharmacyId	Patient preferred Pharmacy ID. Surescripts NCPDP pharmacy directory.	1013628
Patient	medRiskType	"LACE", "ASA", or "OTHER"	LACE
Patient	medRiskScore	Risk score	12
Patient	weight	Patient Weight	252
Patient	weightunits	"lbs" or "kg"	lbs
Encounter	encReference	Encounter or Patient Visit reference number Encounter Reference must be a unique ID.	70001002
Encounter	encStartDate	Encounter Start Date (MM/DD/YYYY)	8/27/20
Encounter	encEndDate	Encounter End Date (MM/DD/YYYY)	8/28/20
Encounter	encDischargeDisp	Two digit discharge disposition code (UNBC UB 04 codes ). Only to be provided if patient has been discharged. Encounter End Date entered. If blank, value is Null.	
Encounter	encDiagCode	Diagnosis code	I2583
Encounter	encDiagCodeSystem	Diagnosis code system	icd10
Encounter	encReasonForVisit	Chief Complaint	Chest pain

*Required field.

Reference	Attribute Name	Description	Sample Value
Encounter	encLocDept	Text for hospital Dept location	Emergency
Encounter	encLocRoom	Text for hospital room location	107
Encounter	encLocBed	Patient bed location	B
Encounter	encPharmacyId	Pharmacy ID for encounter. If blank, Patient PharmacyId used.	1013628
Encounter	encPcpAyvald	Overrides PCP First/Last Name	email@address.com
Encounter	encPcpLastName	Primary Care Provider Last Name	Strange
Encounter	encPcpFirstName	Primary Care Provider First Name	Stephen
Encounter	encApAyvald	Overrides AP First/Last Name	email@address.com
Encounter	encApLastName	Attending Provider Last Name	Lee
Encounter	encApFirstName	Attending Provider First Name	Sandra
Encounter	encCaseMgrAyvald	Ayva Case Manager	email@address.com
Order	ordLabel	Unique reference for order within encounter	ord1
Order	ordDrugCode	Required for Creating	15009
Order	ordDrugCodeSystem	Medispan	Medispan
Order	ordDrugName	Free text	Nitroglycerin 0.3MG SL Tablet Sublingual
Order	ordQty	Dose Quantity	1
Order	ordDosage	See Dosages ⓘ	Tablet Sublingual
Order	ordFreq	See Frequencies ⓘ	QD
Order	ordDuration	Prescription duration count in days	30
Order	ordSig	Label instructions or Sig	One tablet sublingual AS NEEDED
Order	ordDispAmt	Amount to be dispensed	30
Order	ordDispUnits	See DispUnits ⓘ	Tablet
Order	ordNotes	Note to Pharmacy	Do not exceed one tablet per da
Order	ordRefills	Count of refills. Blank is 0.	3
Order	ordEarliestFillDate	Effective Date (MM/DD/YYYY). Must always be a future date.	2/5/21
Order	ordSubstitutionAllowed	TRUE or FALSE / T or F. Blank is TRUE.	TRUE
Appointments	apptLabel	Unique reference for appointment within encounter	appt1
Appointments	apptCustomDesc	Custom text for referral or appointment set up.	Your primary care physician
Appointments	apptFirstName	Providers First Name	Wang
Appointments	apptLastName	Providers Last Name	Chung
Appointments	apptDesignation	Providers' designation	MD

Reference	Attribute Name	Description	Sample Value
Appointments	apptGroupName	Group Practice Name	Providers Group
Appointments	apptSpecialty	Provider specialty	Orthopedic
Appointments	apptAddressLine1	Street address	123 Main St
Appointments	apptAddressLine2	Street address line 2	Suite 001
Appointments	apptCity	City	Springfield
Appointments	apptState	State Abbreviation (USPS Standards)	MA
Appointments	apptZip	5-digit zip code	11018
Appointments	apptPhone	10-digit phone number (without dashes or spaces)	9892627777
Appointments	apptDate	Appointment date (MM/DD/YYYY)	9/21/20
Appointments	apptTime	24hour military (hh:mm:ss)	13:15
Appointments	apptFollowup	Timeframe to follow up	First available appointment
Appointments	apptDiagnosis	Patient Diagnosis	Fractured left foot
Appointments	apptNote	Note to physician	Sprined ankle as well
Medications	medLabel	Unique reference for medication within encounter	med1
Medications	medName	Name of medication	Percocet 5-325 MG PO Tablet
Medications	medIsPrescription	TRUE or FALSE / T or F. Blank is FALSE. TRUE is a prescription; FALSE is "already administered"	TRUE
Medications	medDoseQty	Dose Quantity	1
Medications	medDoseUnits	Dose Units	tablet
Medications	medFreqPeriod	Hours, Days, or Weeks	hours
Medications	medFreqUnit	Frequency	6
Medications	medIsPrn	TRUE or FALSE / T or F. Blank is FALSE. TRUE is "As needed".	TRUE
Medications	medDrugClass	See Drug Class Table	Antipyretic
Medications	medProdCode	Drug Code	16591
Medications	medProdCodesystem	Drug Code System ID	1
Medications	medProdCodesystemName	Name of Drug Code System	Medispan
Medications	medRouteCode	Drug Route Code	
Medications	medRouteCodsystem	Drug Route Code System ID	
Medications	medRouteCodesystemName	Drug Route Code System Name	
Medications	medRouteName	Drug Route Name	
Medications	medRateQty	Quantity	
Medications	medRateUnits	Units	
Medications	medFreTextSig	Label instructions or Sig	One tablet every 4-6 hours as needed

Frequencies

Description	Code
1 TIME ONLY	1XONLY
1 TO 2 TIMES DAILY	Q12D
15 MINUTES BEFORE MEALS	15MINAC
2 TIMES DAILY	BID2
2 TO 3 TIMES DAILY	Q23D
3 TIMES DAILY	TID
3 TIMES DAILY AFTER MEALS	TIDPC
3 TIMES DAILY AS NEEDED	TIDP
3 TIMES DAILY BEFORE MEALS	TIDAC
3 TIMES DAILY WITH FOOD	TIDW
3 TIMES DAILY WITH MEALS	TIDWM
3 TIMES WEEKLY 4 TIMES DAILY 30 MIN BEFORE MEALS AND BED	T4DWM
4 TIMES DAILY	QID
4 TIMES DAILY AS NEEDED	QIDP
4 TIMES DAILY BEFORE MEALS AND AT BEDTIME	QIDACHS
4 TIMES WEEKLY	4XWK
4 TO 6 TIMES DAILY	Q46D
5 TIMES DAILY	5XD
AFTER MEALS AND AT BEDTIME	PC&HS
AS DIRECTED BY PHYSICIAN	ADBP
AS NEEDED	PRN
AT BEDTIME	QHS
AT BEDTIME AS NEEDED	QHSP
BEFORE MEALS AND AT BEDTIME	ACHS
DAILY	QD
DAILY AS NEEDED	QDP
DAILY FOR 5 DAYS	QDX5DA
DAILY ON EMPTY STOMACH	QDE
DAILY WITH FOOD	QDW
EVERY 12 HOURS	Q12H
EVERY 12 HOURS AS NEEDED	Q12HP
EVERY 12 HOURS FOR 2 DOSES	Q12HX2DOSES
EVERY 12 HOURS WITH FOOD	Q12HW
EVERY 12 HOURS ON EMPTY STOMACH	Q12HE
EVERY 15 MIN, MAY REPEAT 5 TIMES	Q15MINMRX5
EVERY 2 WEEKS	GQ2W
EVERY 3 DAYS	Q3D

Description	Code
EVERY 3 HOURS	Q3H
EVERY 3 HOURS WHILE AWAKE (6 DOSES) FOR 7 DAYS	Q3HWAX7D
EVERY 3 TO 6 HOURS	Q36H
EVERY 3 TO 6 HOURS AS NEEDED	Q36HP
EVERY 30 MINUTES AS NEEDED	Q30MINP
EVERY 4 HOURS	Q4H
EVERY 4 HOURS AFTER MEALS	Q4HPPC
EVERY 4 HOURS AS NEEDED	Q4HP
EVERY 4 HOURS WHILE AWAKE	Q4HWA
EVERY 4 TO 6 HOURS	Q4-6H
EVERY 4 TO 6 HOURS AS NEEDED	Q46HP
EVERY 6 HOURS	Q6H
EVERY 6 HOURS AS NEEDED	Q6HP
EVERY 6 HOURS ON EMPTY STOMACH	Q6HE
EVERY 6 HOURS WITH FOOD	Q6HW
EVERY 6 TO 8 HOURS	Q68H
EVERY 6 TO 8 HOURS AS NEEDED	Q68HP
EVERY 8 HOURS	Q8H
EVERY 8 HOURS AS NEEDED	Q8HP
EVERY 8 HOURS ON AN EMPTY STOMACH	Q8HE
EVERY 8 TO 12 HOURS	Q812H
EVERY 8 TO 12 HOURS AS NEEDED	Q812HP
EVERY MORNING	QAM
EVERY MORNING AS NEEDED	QAMP
EVERY WEEK	QW
NOW AND REPEAT 1 TIME	STATREPEAT
NOW, THEN 1 EVERY 24 HOURS	NOW1Q24H
NOW. MAY REPEAT IN 2 HOURS AS NEEDED	STATR2HP
ONCE DAILY	ONCEDAILY
ONCE IN THE EVENING	QDHS
ONCE OR TWICE DAILY FOR 2 TO 3 WEEKS THEN EVERY OTHER DAY THEREAFTER	Q12DX23WQOD
ONCE OR TWICE DAILY FOR 7 DAYS	Q12DX7D
TWICE DAILY	BID
TWICE DAILY AS NEEDED	BIDP
TWICE DAILY WITH FOOD	BIDW
TWICE DAILY WITH WATER	BIDWATER
TWICE WEEKLY	2XW
TWICE WEEKLY FOR 6 MONTHS	2XWKX6M
WITH DINNER	D
WITH EACH MEAL OR SNACK	QMS

Dosages

Aerosol	Emulsion	Nebulization Solution	Sprays
Aerosol Breath Activated	Enema	Ocular System	Stick
Aerosol Pow Breath Act	Film	Oil	Strip
Aerosol Powder	Flakes	Ointment	Suppository
Aerosol Solution	Fluid Extract	Ounce	Susp Reconstituted
Application	Foam	Ounces	Suspension
Apply	Foam	oz	Suspension pen-injector
Auto-injector Kit	Gas	Package	Suspension Prefilled Syringe
Bar	Gel	Packages	Swab
Beads	Gel Forming Solution	Packet	Syrup
Bottle	GM	Pad	Tablet
Box	Gram	Paste	Tablet Abuse-Deterrent
Capsule	Granules	Patch	Tablet Chewable
Capsule Delayed Release	Granules Effervescent	Patch 24 Hour	Tablet Del Release
Capsule Delayed Release Particles	Gum	Patch 72 Hour	Tablet Dispersible
Capsule ER 12 Hour Abuse-Deterrent	implant	Patch Biweekly	Tablet Effervescent
Capsule ER 24 Hour Sprinkle	Inch	Patch Weekly	Tablet ER 12 Hour Abuse-Deterrent
Capsule ER 24 Hour Therapy Pack	Inches	Pellet	Tablet ER 24 Hour Abuse-Deterrent
Capsule Extended Release	Inhaler	Pen-injector	Tablet Extended Release
Capsule Extended Release 12 Hour	Injectable	Pen-injector Kit	Tablet Extended Release 12 Hour
Capsule Extended Release 24 Hour	Insert	Powder	Tablet Extended Release 24 Hour
Capsule Sprinkle	Intrauterine Device	Powder Effervescent	Tablet Soluble
Capsule Therapy Pack	Kit	Prefilled Syringe	Tablet Sublingual
Capsules	Leaves	Prefilled Syringe Kit	Tablet Therapy Pack
Cartridge	Liquid	Pudding	Tablets
CM	Liquid Ext Release	Puff	Tablets Chewable
Concentrate	Liquid Therapy Pack	Puffs	Tampon
Cream	Lollipop	Quantity Sufficient	Tape
Crystals	Lotion	Respules	Tar
Device	Lozenge	Ring	Tincture
Diagnostic Test	MCG	Scoop	Transdermal System
Diaphragm	mcg/day	Scoop	Troche
Disk	mcg/dose	Shampoo	Tube
Douche	mcg/kg/day	Sheet	Tubes
Douche Pow	mcg/kg/dose	Solution	Wafer
Douche Sol	MG	Solution Auto-injector	Wax
Drop	mg/day	Solution Catridge	Whip
Drops	mg/dose	Solution Jet-injector	
Elixir	mg/kg/day	Solution Pen-injector	
	mg/kg/dose	Solution Prefilled Syringe	
	Milliliter	Solution Reconstituted	
	Miscellaneous	Spirit	
	ML	Spray	

DispUnits

Applications

Apply

Bottle

Capsule

Cream

Drop

Emulsion

Foam

Gel

GM

Gram

Granule

Inhaler

ml

Ounce

oz

Package

Tablet

Tube

Unit

UB-04 Discharge Status Codes

01	Discharged to home or self care (routine discharge)	09	Admitted as an inpatient to this hospital	61	Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed
02	Discharged/transferred to another short-term general hospital for inpatient care	20	Patient expired	62	Discharged/transferred to an IRF including DPUs of a hospital
03	Discharged/transferred to SNF in anticipation of covered skilled care	21	Discharged/transferred to court/law enforcement	63	Discharged/transferred to long term care hospital
04	Discharged/transferred to a facility that provides custodial or supportive care	30	Still a patient or expected to return for outpatient services	64	Discharged/transferred to Medicaid nursing facility (not Medicare certified)
05	Discharged/transferred to a designated cancer center or children's hospital	43	Discharged/transferred to a federal health care facility such as a VA hospital or SNF	65	Discharged/transferred to a psychiatric hospital or psychiatric DPU of a hospital
06	Discharged/transferred to home health services in anticipation of covered skill care	50	Discharged/transferred to hospice at home	66	Discharged/transferred to a Critical Access Hospital
07	Left against medical advice or discontinued care	51	Discharged/transferred to hospice in a medical facility	70	Discharged/transferred to another type of health care institution not defined elsewhere in the code list