



**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FINANCE DEPARTMENT POLICY & PROCEDURE**

SUBJECT: **REQUEST FOR A NEW CLINIC CODE**

Policy No: **201.10**

Revision No: **1**

Revision Date: **April 2003**

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I. **PURPOSE:**

To outline the process to determine the necessity for and requesting new clinic codes.

II. **POLICY:**

1. When a need for a new clinic code is identified, it will be presented to the Affinity Oversight Committee (AOC).
2. The AOC will determine if a new clinic code is needed or if an existing clinic code can be used for services to be provided.
3. If it is determined that a new clinic code is to be established, New Clinic Code Request and Checklist form (Attachment A) will be initiated by a designated member of the Affinity Oversight Committee.
4. Once the top portion of the form has been completed, a meeting will be arranged with individuals responsible for updating systems when a new clinic code is established.
5. The meeting will be held to plan each step for updating the systems. The updating of all systems shall be completed according to that system's existing procedures. As each system is updated, the individual responsible for updating the system will sign-off on the request form.
6. Once all systems have been updated, the designated AOC member will notify appropriate staff that the clinic code is ready for use.
7. A "Request to Add or Delete a Clinic" form (Attachment B) will be completed by Finance and sent to Health Services Administration.

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

EFFECTIVE DATE: April 2002

Reviewed/Revised: April 2003

Reviewed: July 2004

Reviewed: July 2005

APPROVED BY:

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

NEW CLINIC CODE REQUEST AND CHECKLIST

REQUESTOR: _____ DATE OF REQUEST: _____

Requestor's Title: _____ Department: _____

Proposed description of New Clinic Code: _____

Are services billable under CBRC: _____ YES _____ NO

Visit Count: Ambulatory Care _____ YES _____ NO

Old Clinic Code exists: _____ YES _____ NO If yes, Old Code: _____

APPROVALS:

DATE APPROVED

AOC Chairperson _____

CMO _____

CFO _____

CHECKLIST

	System	Person Accountable	Date Completed
1)	Affinity: Charge Master	_____	_____
2)	Affinity: OC Clinic Code Dictionary	_____	_____
3)	Affinity: GL Department	_____	_____
4)	Affinity: Scheduling	_____	_____
5)	Encounter Form	_____	_____
6)	HBOC: Pricing and Activity Index	_____	_____
7)	HBOC: General Ledger	_____	_____
8)	IR	_____	_____
9)	Clinic Matrix DHS	_____	_____

COUNTY OF LOS ANGELES- DEPARTMENT OF HEALTH SERVICES

DATE:

TO: Patricia Adams
Revenue Management

FROM: Facility's Chief Financial Officer SUBJECT:

REQUEST TO ADD OR DELETE A CLINIC

I am requesting the following change to the facility's clinic listing:

ADD CLINIC DELETE CLINIC

CBRC NON-CBRC

Clinic Number: _____

Clinic Name: _____

Detailed explanation for the clinic request:

TO BE COMPLETED BY HSA:

CBRC Eligible Service: Yes No

Reviewed By: _____

Fiscal Programs Date

Program Audits and Reimbursement Date

Revenue Management Date

Request Approved: _____ Denied: _____

AUTHORIZED BY: _____

Comments: _____

DATE: _____