County of Los Angeles　　　　　　　　　　**Department of Health Services**

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
INPATIENT FINANCIAL SERVICES
POLICY & PROCEDURE

NUMBER: 2144
VERSION: 1

SUBJECT/TITLE:　　**CARRIER CODE UPDATES**

POLICY:

PURPOSE:　　　　**To ensure the appropriate billing resource has been identified for each patient admission or visit.**

DEPARTMENTS:　　**INPATIENT FINANCIAL SERVICES**

DEFINITIONS:

PROCEDURE:

RESPONSIBILITY	ACTION
S/PFSW I	(1) Receive and review pending billing instructions, a.k.a. Pending Grams for accuracy and thoroughness.
	(2) Forward to Clerical staff for input.
SUPPLY CLERK and/or UNIT CLERK	(1) Upon receipt of pending grams, ensure they have been signed by the S/PFSW I, and proceed to update the patient's carrier code in the Affinity application of the Hospital Information System (HIS) computer to reflect the patient's resource by completing the following steps:

A. Log on to Affinity per existing procedures.
1. Select "PA" for Patient Accounting option (PA Notes), and press enter.
2. Select "ACA" for Account Access, and press enter.
3. Select "IV" for Insurance Verification option, and press enter.
4. Enter patient's medical record number (MRUN), a.k.a. OV# and press "F7" key.
5. Ensure patients name on Affinity matches the name on the Pending Gram. If so, press enter. If the name does not match, exit the program without changing anything, and return Pending Gram to S/PFSW I with note indicating the name does not match Affinity.

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     B.   Select month(s) to update per Pending Gram.

          1.   If retro month(s) indicated, update carrier code for all retro months through the admission month or Outpatient visit month indicated on gram.

          2.   If no retro indicated, update carrier code for the admission month or Outpatient visit month.

     C.   The screen will now display Patient Insurance Priority.

Note: Do not add OV Medi-Cal to any account already coded "405" which indicates approved Medi-Cal.

          1.   Press the "insert" key. Select "1" and press enter.
          2.   Press "F6" key and enter.
          3.   Type in "407" or "432" as appropriate and press enter.
          4.   Press "page down" 4 times. When question on screen asks if you are verifying the information, type "Y" and press enter.
          5.   Enter month, day and year of admission or Outpatient visit. Always use 1st of the month for the day.
          6.   Press enter until screen returns to Patient Insurance Priority screen.

     D.   Delete the <u>non-billable</u> resource codes such as the unknown carrier code of **"470"** by selecting the number of the item to be deleted, then press the delete key. Screen will ask if you want to delete? Press "Y" and enter.

     E.   Do not delete any billable resource code, such as insurance, Medi-Care, or Short Doyle. These codes are left in the 1st carrier code position. The "407" or "432" for pending Medi-Cal should be in the 2nd carrier code position.

References:	
Approved by: Lisa Cruz (Assistant Hospital Administrator)	Date: 11/16/2010
Review Date: **11/16/2013**	Revision Date:
Distribution: Inpatient Financial Services	
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