	<b>The Johns Hopkins Health System</b> PFS Policies and Procedures Manual	<i>Policy Number</i> BIL025
	<i>Subject</i> <b>Ongoing Review of the JHBCC Meditech Client Bill</b>	<i>Effective Date</i> 7/1/03
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		<i>Revised</i> <b>12/4/08</b>

**POLICY**

This policy applies to The Johns Hopkins Health System (JHHS) Patient Financial Services (PFS) Division.

**PURPOSE**

To ensure that laboratory charges for patients in the JH Bayview Care Center are correctly identified and entered into the Meditech System.


**PROCEDURE**

Twice a month the JHBCC Team in Patient Financial Services will print the JHBCC client bills from Meditech and post the appropriate billable laboratory charges to the RAM system. Once a month the JHBCC Team in PFS prepares a list of non-procedure codes (T-codes identified on the Lab/DX List from JHBCC) and forwards it to the Cash Posting Department in PFS. For laboratory codes identified on the T-codes spreadsheet as not billable through JHBCC claims, the PFS Rep will disassociate these charges from the client bill to allow them to be billed through the normal acute billing cycle.

- Twice a month the PFS Rep will print client bills for JHBCC from Meditech.
- These charges are then uploaded into Monarch and converted to an Excel spreadsheet.
- The spreadsheet is coded to determine the appropriate payer type.
- Once coded, the spreadsheet is uploaded back into Monarch and exported to a file that is uploaded in RAM.
- The JHBCC PSC will review client bills and identify (on the Excel spreadsheet **Lab/DX List**):
  - charges that need to be billed with JHBCC claims (chronic and SNF Medicare A appropriate charges)

and

- charges that do **not** need to be billed with JHBCC claims

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<b>1. If a charge needs to be billed with JHBCC claims, the PFS Rep will:</b>	<b>2. If the charge does <u>not</u> need to be billed with JHBCC claims, the PFS Rep will:</b>
a. post the charge into the RAM system	a. identify tests and charges on an Excel spreadsheet, copy it, and email it to the JHBCC Medical Records Manager
b. send an adjustment sheet to the JHH/JHBMC Revenue Control Manager to have an adjustment posted against the Client Bill (relieving this A/R and creating an expense for the JHBCC)	b. JHBCC Medical Records Manager will determine if laboratory services are non-billable (not a covered service)
c. when the adjustment is posted, the JHH/JHBMC Revenue Control Manager signs off on the adjustment form	c. for covered services, the Records Manager will provide the diagnosis code for the service performed on the Lab/DX List Excel spreadsheet and forward this spreadsheet to the JHBCC Team in PFS
d. if the adjustment is not noted on the next run, contact the Revenue Control Manager	d. if the spreadsheet copy is not returned within two business days, notify the JHBCC Business Office Manager to initiate appropriate follow-up with external departments
e. the amount of the adjustment must be equal to the total of the laboratory charges posted to the RAM system	e. handle all non-billable charges as in Step 1b (above, left)
	f. disassociate services for which a diagnosis was provided from JHBCC Client Bills so that charges will flow through the normal Meditech billing system


**SPONSOR**

Senior Director, Patient Financial Services, JHHS


**REVIEW CYCLE**

Three (3) years

**APPROVAL**

  
 Senior Director, JHHS

12/15/08  
 Date

  
 Director, PFS/Non-Acute Programs

12/12/08  
 Date