	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	BIL029
		<i>Effective Date</i>	10/15/04
	<i>Subject</i> Completion of the Denied/Unauthorized Admissions Form	<i>Page</i>	1 of 3
		<i>Supersedes</i>	N/A

POLICY/PROCEDURE


This procedure applies to HCGH. The procedure outlines the requirements to complete and process requests for write-off for clinical denials or unauthorized admissions or outpatient cases.

INSTRUCTIONS (Refer to Exhibit A)

The form attached is in the Meditech system. You may complete the form in Meditech and then print the form and forward to the adjustment request area.

Adjustments

1. **Inpatient/Outpatient-** Select and check off whether the case is inpatient or outpatient.
2. **Billing Coordinator-** Enter the requestor's name.
3. **Date Denial Initiated-** System will default today's date.
4. **Patient Name-** System will default patient's name.
5. **Account Number-** System will default account number.
6. **Date of Birth-** System will default date of birth.
7. **Medical Record-** System will default MRN.
8. **Admission Date-** System will default Admission date.
9. **Discharge Date-** System will default Discharge date.
10. **Date Billed-** Enter the date insurance was billed.
11. **Date Denied-** Enter the date payment was denied.
12. **Insurance Company-** System will default insurance carrier. Validate that it is the correct plan.
13. **Member Number-** System will default member number. Validate that it is the correct insurance.
14. **Amount Billed-** Enter the amount billed.
15. **Actual Dates Denied-** Enter the dates denied.
16. **Amount Denied-** Enter total amount denied. Note: The amount denied is the amount requested for write-off.
17. **Transaction Code-** Enter the Meditech adjustment code to be keyed.

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- 18. **Attending Physician-** The system will default the name of the attending physician.
- 19. **Payor's Reason for Denial-** Enter the reason given by payer for denial.
- 20. **Authorization-** Adjustment and cash transfer requests should be placed in the designated bin for authorizations. Authorization responsibility is elaborated under the procedure for the adjustment process.

SPONSOR

Director of Patient Financial Services, HCGH

REVIEW CYCLE

Three (3) years

APPROVAL

Director, Patient Financial Services, HCGH

Date

Sr. Director, Patient Financial Services, JHHS

Date



HOWARD COUNTY GENERAL HOSPITAL

A MEMBER OF JOHNS HOPKINS MEDICINE

DENIED / UNAUTHORIZED ADMISSION

_____ Inpatient

_____ Outpatient

Billing Coordinator _____

Date Denial Initiated: _____

PATIENT NAME: _____

ACCOUNT NUMBER: _____

DATE OF BIRTH: _____

MEDICAL RECORD: _____

ADMISSION DATE: _____

DISCHARGE DATE: _____

DATE BILLED: _____

DATE DENIED: _____

INSURANCE CO.: _____

MEMBER NUMBER: _____

AMOUNT BILLED: _____

ACTUAL DATES DENIED: _____

AMOUNT DENIED: _____ TRANSACTION CODE: _____

ATTENDING PHYSICIAN: _____

PAYORS REASON FOR DENIAL: _____

Authorized by: _____ Manager/Designee \$.01 - \$999 Date: ____ / ____ / ____

Authorized by: _____ Director \$1,000 - \$9,999 Date: ____ / ____ / ____

Authorized by: _____ Sr. Director \$10,000 - \$49,999 Date: ____ / ____ / ____

Authorized by: _____ CFO \$50,000 - \$100,000 Date: ____ / ____ / ____