

Medical Invoices for Hospital Admissions

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Medical Invoices

When viewing an admission it is a necessity to review and create Medical Claims related to that admission. These are claims by the doctor delivered whilst the patient was admitted and not services delivered directly by the hospital.

CareRight does directly link Medical Claims with Admission records so the system will use some assumptions to link the two.

- Medical Invoices will be enabled on an Admission when the location of the admission has one or more "InPatient or Procedure Centre" service locations with a provider who is a Hospital, and that same service location also has other, non-hospital, providers enabled. This scenario implies that the customer will be billing for doctor services as well as hospital services.
- If Medical Invoices are enabled for admission when viewing the admission an additional Medical Invoices panel will be displayed.

The screenshot displays the CareRight system interface for a patient named Mr. CALEB Gray. The interface includes a sidebar with navigation options: Admissions, 000227: 07/10/2019 09:55, and Statutory report records. The main content area shows the patient's admission details and two panels for invoices.

Hospital Invoices

Location	Medical Provider	Guarantor	Invoice Number	Invoice Total	Out Of Pocket	Claim Type	Status	Outstanding
Clintel Hospital	Hosp Clintel HOSPITAL	ITest Health Fund	898	\$2,200.00	\$0.00	IHC	Unpaid	\$2,200.00

Medical Invoices

Location	Medical Provider	Guarantor	Invoice Number	Invoice Total	Out Of Pocket	Claim Type	Status	Outstanding
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Admission

ARN	000227
Location	Clintel Hospital
Admission Date	07/10/2019 at 09:55 AM
Admission Category	Pysch Multi-Day Stay
Source of Referral	

- The Medical Invoices list will display all invoices, by a non-hospital service provider, billed to the identified service locations above with a service date that falls on a date between the admit date and discharge date inclusive.
- If the patient has more than one admission on the same day (ie. admit date or discharge date are the same for another admission) then Medical Invoices can't be listed and an error message is displayed.

Error Message: This patient has multiple admissions on the same day. You will need to manually review all medical invoicing from the accounts screen as the admission related to the Medical Invoice is unable to be reliably determined.

Raising a Medical Invoice on an Admission

1. Search for and select a patient to view their record.
2. In the Main Menu, click **Admissions**.
3. In the Admission History panel, select an admission code under the **ARN** column.

- a. The Medical Invoices panel will display all current medical invoices — click **Show** to see details if needed.
4. To raise a new medical invoice, click **New Invoice**.

The screenshot shows the patient record for Mrs Maggie Peggy Carlson. The left sidebar contains a navigation menu with 'Dashboard', 'Patients', 'Mrs Maggie Peggy Carlson', 'Admissions', '000070: 05/06/2015 15:59', and 'Statutory report records'. The main content area shows the patient's details, including facility, file number, URN, TCID, primary provider, and referrer. Below this, there are buttons for 'Cancel Confirmed Discharge', 'Edit Admission', 'Discharge Plan', 'Copy From', 'Change Category', 'Update Patient Snapshot', and 'Group'. A 'Print Sacr Form' and 'Create Cancer Notification' button are also present. The 'Hospital Invoices' section displays a table with columns: Location, Medical Provider, Guarantor, Invoice Number, Invoice Total, Out Of Pocket, Claim Type, Status, Outstanding, and a 'New Invoice' button. The table shows one invoice for Westmead Clinic hospital clinic, Capt Westmead HOSPITAL, ITest Health Fund, with invoice number 596, total \$919.40, out of pocket \$0.00, claim type IHC, status Paid, and outstanding \$0.00. A 'Show' button is next to the invoice. Below the table is a 'Mark As Billing Complete' button. The 'Medical Invoices' section displays a similar table with columns: Location, Medical Provider, Guarantor, Invoice Number, Invoice Total, Out Of Pocket, Claim Type, Status, Outstanding, and a 'New Invoice' button. The table shows one invoice for Clintel Clinic, Dr Magus POLAN, with invoice number 577, total \$82.30, out of pocket \$82.30, claim type Private, status Paid, and outstanding \$0.00. A 'Show' button is next to the invoice.

- 5.
6. Complete the **Guarantor**, **Service Provider**, **Service Location** and **Account Provider** fields, as needed (please reference *Notes on Fields* below for information about available field options and pre-population settings).
7. Click **New Invoice**.

The screenshot shows the 'Details' form for creating a new medical invoice. It contains four fields: 'Guarantor' (set to 'Private - Normal'), 'Service Provider*' (set to 'Dr Magus POLAN'), 'Service Location*' (set to 'IP | Clintel Clinic'), and 'Account Provider' (set to 'Dr Magus POLAN'). Each field has a dropdown arrow and a close button. Below the fields is a button 'Create an account for a different guarantor'. At the bottom of the form are two buttons: 'New Invoice' and 'Cancel'.

8.

Field	Description
Service Location	<p>Only the following service locations will be included in the drop-down list:</p> <ul style="list-style-type: none"> • Are designated as an InPatient or a Day Procedure Centre; • Have at least one enabled non-hospital provider record associated with it; • Have a hospital provider number matching the admissions location's hospital provider number; • Serviced by the indicated Service Provider (if applicable).

Service Provider	<p>Only the following service providers will be included in the drop-down list:</p> <ul style="list-style-type: none"> • Providers that have an enabled association with a service location that is designated as an InPatient or a Day Procedure Centre; • ...or has a provider number that is identical to the admission location record; • Providers that are not hospitals; • Providers that have an enabled association with the selected Service Location (if applicable).
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Pre-population of Fields

Based on the above restrictions, CareRight will attempt to make smart default selections based on the admission. First, the system will attempt to determine the provider based on the following criteria in order of precedence:

1. The attending doctor on the admission is an eligible selection.
2. The admitting doctor for the admission is an eligible selection.

The system will then attempt to determine the service location based on default settings and if there is only one eligible service location.

If there are no admitting or attending doctors on the admission and there are multiple possible matches to service providers or service locations, then CareRight will not pre-select any default values.
