



**EFFECTIVE DATE:** 11|02|2010  
**POLICY LAST UPDATED:** 02|20|2020

## OVERVIEW

Interim bills are a series of claims filed by a facility to the same third party payer for the same confinement or course of treatment for a patient who is expected to remain in the facility for an extended period of time.

## MEDICAL CRITERIA

Not applicable.

## PRIOR AUTHORIZATION

Not applicable

## POLICY STATEMENT

### BlueCHiP for Medicare and Commercial Products

BlueCross Blue Shield of Rhode Island considers interim billing for payment of services provided by an acute rehabilitation hospital, skilled nursing facility, hospice or home health agency.

Interim billing is considered for those acute care hospitals that are NOT being reimbursed using DRG grouper/pricer methodology.

1. Interim bills must include the following:
  - Initial interim bill:
    - Admission or Start of Care Date
    - Statement Covered "From" date must equal the admission date
    - Patient discharge status of "30" still a patient
    - All diagnosis and procedure codes relating to that time period
  - Continuing interim bill:
    - Admission or Start of Care Date
    - Statement Covered "From" date must NOT equal the admission date
    - Patient discharge status of "30" still a patient
    - All diagnosis and procedure codes relating to that time period
  - Final interim bill
    - Admission or Start of Care Date
    - Statement Covered "From" date must NOT equal the admission date
    - The Statement Covered "Through" date must reflect the date of discharge for the admission
    - Patient discharge status is NOT "30" still a patient
    - All diagnosis and procedure codes relating to the entire admission
2. Interim billing once per month (every 30 days) with the exception of the final interim bill which would be upon discharge.
3. Interim billing for a single stay must be submitted in the sequence in which it occurs.

## COVERAGE

### BlueCHiP for Medicare and Commercial Products

Interim Billing may vary between hospital contracts.

## BACKGROUND

Not applicable.

## CODING

Not applicable

## RELATED POLICIES

Not applicable

## PUBLISHED

Provider Update, April 2020

Provider Update, March 2018

Provider Update, May 2017

Provider Update, January 2011

## REFERENCES

1. Center for Medicare & Medicaid Services. 50.2 Frequency of Billing to FIs for Outpatient Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2092CP.pdf>

2. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R270CP.pdf>

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