EFFECTIVE DATE: 11|02|2010
POLICY LAST UPDATED: 04|04|2017

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.

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.

MEDICAL CRITERIA

Not applicable.

COVERAGE

BlueCHiP for Medicare and Commercial Products

Interim Billing may vary between hospital contracts.

BACKGROUND
Not applicable.

CODING
BlueCHiP for Medicare and Commercial Products
Not applicable.

RELATED POLICIES
None

PUBLISHED
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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