



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

OVERVIEW

An interim bill is one that is submitted and paid at agreed-upon (normally 30 day) intervals during the course of treatment.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

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

Interim billing is covered for acute care hospitals only if the hospital is covered at a per diem rate. DRG facilities are not allowed to interim bill.

Interim bills must include the following:

1. Bill upon discharge or after thirty days as an inpatient and every thirty (30) days thereafter;
2. Each bill must include all diagnoses and procedures applicable to the admission; and
3. When billing, the “from” and “through” dates must be listed and after the “through date” of earlier invoices.

COVERAGE

Interim Billing may vary between hospital contracts.

BACKGROUND

Not applicable.

CODING

Not applicable.

RELATED POLICIES

None

PUBLISHED

Provider Update, January 2011

REFERENCES

Center for Medicare & Medicaid Services. 50.2 Frequency of Billing to FIs for Outpatient Services. 12/03/07.

Center for Medicare & Medicaid Services. Frequency of Billing for Providers. 10/02/06.

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