Medical Coverage Policy

Interim Billing

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☒ Other

Effective Date:	11/2/2010	Policy Last Updated:	11/2/2010

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

NOTE: The effective date of this policy relates to the date BCBSRI created documentation to reflect reimbursement processes that have been already established and does not indicate a change in the payment process.

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

Policy:
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:

- Bill upon discharge or after thirty days as an inpatient and every thirty (30) days thereafter;
- Each bill must include all diagnoses and procedures applicable to the admission; and
- 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.

Publications:
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.

the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.