ROYAL HEALTH CARE
A Subsidiary of Independent Living Systems

FLORIDA COMMUNITY CARE

Department: Claims **Sub-department:** System Configuration	**Policy and Procedure No:** CLM-1050-FCC	
Policy and Procedure Title: Inpatient Interim Billing Processing		
Approved By: **David T Gutwald, Sr VP Operations**	**Effective Date** 11/1/2020	**Revised Date(s)**

I. PURPOSE:

Claims received for Inpatient hospital interim billing should be processed and reconciled against all prior payments for the institutional stay. Interim Billed claims properly submitted with statement from and through dates will be processed and paid, adjusted for prior payments until a final bill is received.

II. POLICY:

Inpatient Hospital Interim claims are those in which the patient admission exceeds a hundred (100) consecutive days. It is expected that further bills for the same confinement will be submitted as corrected claim until the patient is discharged.

III. PROCEDURE:

Interim bills should not be reported with a discharge date indicated until the final bill is received. The Admit (from) and through dates should represent the interim period for billing purposes.

Interim Inpatient hospital bill should be billed with the following:

- Initial inpatient Hospital claim should be billed with a bill type of 0112 (interim bill – first claim) and a patient status code of 30 (still patient).

- Subsequent Interim bills should be billed with bill type 117 (corrected claim) with a patient status of 30 (still a patient) OR a discharge patient status. (Ex: 01, 02, 20 etc.).

    - With each subsequent inpatient hospital billing the previous claim is voided and replaced with a new claim.
    - The new inpatient claim should include initial date of admission, the dates of services and amounts from previous claims through the current billing.
    - The final replacement claims be billed for the complete stay from the first date of admission through the date of final discharge.

- Each bill must include all diagnoses and procedure applicable to the admission.

Responsible Party	Task	Time Frame
Claims System	Interim bills received will be processed and payment amounts will be calculated based on the admit date through the statement end date.	As needed
Claims Examiners	Interim bills will suspend to pend (36) for examiner review. Examiners will adjust payments based on prior payment(s) for the same confinement and adjusted accordingly.	As needed
Claims Management	Reviews all interim billed services to ensure that payments are processed according to standards and policy	As needed
Encounters	Will release all interim billed claims, adjusting (or replacing) previously submitted encounters for final encounter representation with state and regulatory agency requirements.	Per check run

RELATED POLICIES & PROCEDURES / REFERENCES/ATTACHMENTS:

Document Type	Document #	Document Title
MS Word		Statewide Medicaid Managed Care (SMMC) Policy Transmittal: PT2020-56 Received: 10/8/2020 AND 11/4/20