

Guidelines: Interim billing for inpatient hospital services

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

The following procedures must be followed for the submission of interim billing for inpatient hospital stays that exceed 100 consecutive stays — in those instances where a hospital provider requests assistance due to an enrollee's protracted length of stay (greater than 100 days) and due to the financial strain it imposes on the provider's resources in having to wait for the enrollee to be discharged to seek reimbursement.

Billing type code requirements

For billing interim inpatient hospital stays that exceed 100 consecutive days, hospital provider claims must be billed with the following inpatient type of bill code:

- 0112 — First claim (continuous stay inpatient claim)
- 0117 — Subsequent interim (continuous stay inpatient claim) and final

Claim billing requirements:

- The new inpatient hospital claim must include initial date of admission, dates of service and amounts from previous claim(s) through current billing.
- Final replacement claim must be billed for the complete stay, from the first date of admission through the date of final discharge.

Claims processing:

- For each subsequent inpatient hospital billing, the previous interim claim will be voided and replaced with a new claim.

If you have any questions, please reach out to your assigned Provider Relations representative.

<https://provider.simplyhealthcareplans.com>

<https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

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