

Interim Billing for Inpatient Hospital Services



Overview of process change

Humana has established a process regarding inpatient member hospital stays greater than 100 consecutive days that's designed to assist providers with financial strain they may experience while awaiting member discharge before seeking reimbursement. According to Agency for Healthcare Administration (AHCA) guidance, managed care plans utilizing the All Patient Refined Diagnosis Related Group (APR-DRG) or Diagnosis Related Group (DRG) payment methodology must reconcile interim billing for the inpatient hospital stay within 90 days of the member's discharge to ensure that all interim payments made to the hospital provider do not exceed the amount that would have been paid through the APR-DRG or DRG reimbursement methodology.

Humana Healthy Horizons. in Florida

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan Inc.

Billing Humana for interim billing when inpatient hospital stay exceeds 100 days

Facilities should submit claims as they normally do through the APR-DRG or DRG billing methodology. However, providers should select the appropriate bill type from the list below:

- **Bill Type 112** – admission/beginning claim. The claim must be billed with 100 or more days of service.
- **Bill Type 118** – Before further claims are billed, hospitals must bill a voided claim (Bill Type 118). Humana will recover the voided claim, and ensure the earlier payment is replaced as necessary on the subsequently billed claim.
- **Bill Type 113** – for any subsequent claims. Each claim must be billed with the full date range (admission through last DOS being billed).
- **Final Bill Type 114** – bill that covers the entire stay (from the date of admission through the discharge date), and all payment will be made on this last claim.

Important: Once a claim is received with the TOB 118, the recovery will apply immediately. This scenario would fall outside of the normal recovery dispute process.

Each claim must include the initial admission date, the dates of service and the amounts from previous claim(s) through the current billing. Please note that a voided claim must be received for payment consideration on the subsequent claims.



For questions, please email
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