

# 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.



## 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
- **Bill Type 113** – for any subsequent claim
- **Final Bill Type 117** – bill that covers the entire stay (date of admission to date of discharge)

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 previous claims will be voided and replaced with subsequent claims.

For questions, please email [FLMedicaidResolution@humana.com](mailto:FLMedicaidResolution@humana.com).