

Hospital Billing Inpatient Services Paid non DRG

Critical Access, Long Term Care, Psychiatric, Rehabilitation, and Out-of-state Hospitals billing for Inpatient Services where a Medicaid recipient is discharged in a month subsequent to the month of admission are required to bill each month of the inpatient stay on a separate claim form. Claims that cover more than 1 month will not be processed and will be returned to the provider.

If a recipient has Medicaid and no primary insurance and the patient status is 'still a patient', you may submit a claim at the end of each month.

If a recipient has primary insurance (Medicaid is secondary) please hold all claims (months) until the recipient is discharged. Submit all months related to the inpatient stay on separate claims along a copy of the EOB from the primary insurer. Do not submit claims for months in which the recipient is 'still a patient' until the recipient is discharged and an EOB from the primary insurer is available for submission with the claims. Claims received with a status code of 'still a patient' where there is primary insurance indicated and there is no claim for the discharge month submitted at the same time will be returned to the provider.