

Re-billing hospital claims

Guidelines to determine appropriate criteria to rebill inpatient hospital claims to outpatient

Policy: [MSA 14-36](#)

External Audit Rule:

When HMS, MPRO or Predictive Modeling audit an inpatient claim and determine that the admission was medically inappropriate or unnecessary and the date of discharge is on or after 10/01/2014 the inpatient ancillary services and any outpatient services may be rebilled. MDHHS will not accept Type of Bill (TOB) 012X. For MDHHS audit tracking purposes the rebill must include the original TCN in the claim notes/remarks/comments and use TOB 013X.

If a provider is informed through the audit process that their claim is to be rebilled a copy of the evidence/documentation from the auditor must be submitted with the claim as an upload to the Document Management Portal (DMP). Observation services are only covered when provided by the order of a physician. Inpatient room and board may not be rebilled as observation charges.

Re-billed claims/claim adjustments must be received within 120 days from the date of the audit notification or void.

Internal Audit Rule:

When a self-audit occurs and the facility Utilization Review Committee determines that the inpatient hospital admission does not meet inpatient criteria the hospital may change the beneficiary status from inpatient to outpatient. This change must be made while the patient is still in your facility and has not been discharged or transferred. The patients' medical record must contain appropriate documentation of the status change and the concurrence between the provider responsible for the care and the Utilization Review Committee. Again MDHHS will not accept TOB 012X provider is to use TOB 013X.