

Provider Memorandum

UB04 xx7 Interim Billing Policy Change

Molina Healthcare of Illinois (Molina) is reviewing its corrected claims policy and anticipates making updates that will impact the process that providers use for submitting bill type xx7 in final interim bills. Molina expects to issue an official notice for the change in policy with an effective date related to this billing protocol by 8/1/2018.

Molina’s standard practice is to give providers a 30-day advance notice for policy changes and updates.

The expected policy change will bar the use of xx7 bill type as a final interim bill. The xx7 bill type will be used when the replacement of a previously submitted claim needs to be restated in its entirety. When the xx7 code is used, Molina will operate on the principle that the original bill is null and void, and that the information present on the xx7 bill represents a complete replacement of the previously issued bill.

As part of the policy change, incoming xx7 bill types will be treated **exclusively** as corrected replacement claims without exception. Final interim bills should use the standard xx4 bill type or alternate unless Illinois state policy exceptions apply (e.g. per diem billing).

Please see the standard interim bill frequency code rules provided below for reference. The following code rules should be used unless a state exception applies.

Interim – First Claim	Use for first of an expected series of bills for which utilization is chargeable or which will update inpatient deductible for same confinement of course of treatment. For Home Health Agencies (HHAs), used for submission of original or replacement Requests for Anticipated Payment (RAPs).
Interim – Continuing Claims (Not valid for Prospective Payment System (PPS) Bills)	Use when a bill for which utilization is chargeable for same confinement or course of treatment had already been submitted and further bills are expected to be submitted later.
Interim – Last Claim (Not valid for PPS Bills)	Use for a bill for which utilization is chargeable, and which is last of a series for this confinement of course of treatment.

For more details on corrected claim billing requirements, please review the provider memo titled “Corrected Claims Billing Requirements” on Molina’s News & Updates page or access it here at <http://www.MolinaHealthcare.com/providers/il/PDF/Medicaid/Standard-Operation-Corrected-Claim-Provide-Memo.pdf>.

If you have questions, please contact your Provider Network or the Provider Services Department via email at MHILProviderNetworkManagement@MolinaHealthcare.com. For help locating your respective Provider Network Manager, please visit Molina’s Service Area page at <http://www.molinahealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx>.