

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. The Michigan Department of Health and Human Services (MDHHS) will not accept Type of Bill (TOB) 012X. For MDHHS audit tracking purposes, the rebill must include the original TCN in the remarks/comment/claim notes and use TOB 013X.

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 patient's 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. MDHHS will not accept TOB 012X and the provider is to use TOB 013X.