

Fee-For-Service Eligibility Determines DRG Inpatient Service Dates

Effective retroactively for dates of service on or after July 1, 2013, diagnosis-related group (DRG) providers may be reimbursed for inpatient services only for dates of stay on or after the date the recipient becomes fee-for-service eligible.

DRG providers should bill using the:

- Correct type of bill
- Actual admission date
- Actual discharge date
- "Statement Covers Period From-Through" dates limited to the recipient's fee-for-service eligibility dates
- Services and supplies incurred only during the recipient's fee-for-service eligibility dates
- Diagnosis and procedure codes associated only to treatment provided during the recipient's fee-for-service eligibility dates

DRG-reimbursed hospitals may continue to bill interim claims for partial eligibility confinements with current billing requirements.

This information is reflected in the following provider manual(s):

Provider Manual(s)	Page(s) Updated
Inpatient Services	diagnosis ip (12)