

RESIDENTIAL TREATMENT CENTER INTERIM BILLING

Policy: REIMB-047

Origination Date: 01/19/2026

Current Effective Date: 02/01/2026

Next Review Date: 02/01/2027

Reviewed/Revised Date:

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline reimbursement determinations for U of U Health Plans Commercial, CHIP and Medicaid plans. Refer to the “Policy” section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Reimbursement Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member’s plan, must be medically indicated, and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**
5. **Health care facilities, physicians and other health care providers are expected to exercise appropriate medical judgment. Policies are not intended to dictate medical practice and does not constitute or replace medical advice.**
6. Provisions and terms of the provider contract may supersede this policy.

Description

Interim bills are a series of claims for the same confinement or course of treatment when a patient is expected to remain in the facility for an extended period of time and it is expected that further claims for the same confinement or course of treatment will be submitted. Facilities, billing on a UB claim form, use the Type of Bill and the Patient Discharge Status to indicate the billing period.

Definitions

Residential Treatment Center (“RTC”), also referred to as “rehab”, is a live-in health care facility providing therapy for substance use disorders or mental health illness. Residential Treatment Centers are licensed by the Department of Health and Human Services with a license type equal to Residential Treatment.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans will process RTCs' claims on an interim (monthly) basis for the same confinement.

- RTCs may submit claims in monthly increments using the appropriate type of bill (862-863) and patient discharge status (use patient discharge status of 30 for members who are still admitted patients).
 - 862: First Interim Claim
 - 863: Continuing Interim Claim
 - 867: Final Claim (Admit through Discharge)
- Each claim must include the initial admission date, the dates of service and the amounts from previous claim(s) through the current billing. Submission of claims with bill types of 863 and 867 will act as a void/replacement to the previous interim claim.
- Upon discharge, RTCs must submit a final claim for the entire confinement using type of bill 867 and must not contain a patient discharge status of 30 (still a patient).
- U of U Health Plans will adjust any previously submitted interim claims and simultaneously process the final adjusted claim as a complete replacement of the previous interim claims.

Example:

Patient admitted January 1 for a 3-month stay with discharge on March 31.

Dates of Service	Type of Bill	Patient Discharge Status
1/1-1/31	862 Interim First Claim	30 still a patient
1/1-2/28	863 Interim Continuing Claim Include initial admission date and dates of service from previous 862 through current billing.	30 still a patient
1/1-3/31	867 Final Claim Include initial admission date and dates from service from previous 862 and 863 through discharge date. Reference the 863 interim claim to correct.	01 discharged to home (or other status as appropriate)

2. Medicaid Plans

Billing methodology and coverage is determined by the State of Utah Medicaid program. For the most up-to-date Medicaid policies and coverage, please visit their website at:

<https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

Type of Bill

Type of Bill Code	Description
861	Specialty facility, residential facility, admit through discharge
862	Specialty facility, residential facility, interim first claim
863	Specialty facility, residential facility, interim continuing claims
867	Specialty facility, residential facility, replacement of prior claim

Revenue Codes

Revenue Code	Description
1001	Residential treatment – psychiatric
1002	Residential treatment – chemical dependency

Other

Patient Discharge Status	Description
01	Discharged to home or self-care (routine discharge)
30	Still Patient Note: Used when patient is still within the same facility; typically used when billing for leave of absence days or interim bills

References

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

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