

MEDICAID PROVIDER BULLETIN

September 2, 2014

Newborn Diagnosis-Related Group Policy

This provider bulletin is an update to the Medicaid Provider Manual. To access the latest manual, visit www.anthem.com/kymedicaiddoc.

Effective **July 1, 2014**, all inpatient newborn stays billed with a diagnosis-related group (DRG) other than a well-newborn DRG (795) will require authorization. Inpatient claims billed with a well-newborn DRG code will require notification only.

Authorization requests for higher levels of care will require medical review and should be submitted with sufficient clinical information in addition to the standard delivery notification. Failure to request authorization for a higher level of care will result in the claim being processed based on the normal well-newborn DRG rate. Normal newborn conditions should not be billed as comorbidities.

Notification of well-baby deliveries is still required and may be submitted using the attached Fax Notification Form or a similar document.

Provider Action Required

Providers must bill inpatient newborn claims with the appropriate DRG code and obtain authorization for newborn inpatient stays excluding normal newborns.

Questions

If you have questions about this communication, please contact your Provider Relations Representative or our Provider Services Team at **1-855-661-2028**.

Medicaid in Kentucky

www.Anthem.com/KYMedicaiddoc

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Newborn Delivery Notification For Medicaid Members

Fax Delivery Notification to: 1-800-964-3627

Mother's name: _____

Mother's date of birth: _____

Mother's ID number: _____

Facility name: _____

Facility ID number: _____

Date of admission: _____

Attending physician: _____

Diagnosis: _____

Discharge date (if known): _____

Did mother discharge home with child? Yes No

If no, please provide additional details in the table below.

| | |
|------------------|---------------------|
| Live birth | Yes / No |
| Date of birth | |
| Gender | M / F |
| Gestational age | |
| Birth weight | |
| Newborn name | |
| APGAR | |
| NICU stay | Yes / No |
| Type of delivery | Vaginal / C-Section |
| Multiple birth? | Yes / No |

If multiple births, please provide information requested above for each newborn in the space below.

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