

MEDICAID PROVIDER BULLETIN

January 21, 2015

Reminder: Inpatient newborn stays may require authorization

This provider bulletin is an update about information in the Medicaid Provider Manual (Manual). For access to the latest Manual, go online to www.anthem.com/kymedicaidoc.

As a reminder, all inpatient newborn stays billed with a diagnosis related group (DRG) other than a well newborn DRG (795) require *authorization*. Inpatient claims billed with a well newborn DRG code will only require *notification*. Providers must bill inpatient newborn claims with the appropriate DRG code and obtain the appropriate authorization or notification to be paid at the correct DRG rate.

For DRG claims paid on Anthem Blue Cross and Blue Shield Medicaid (Anthem) DRG methodology (DRG Version 24), newborn claims billed with sick DRG codes must have the required authorization on file. If the required authorization for the higher level of care is not on file, the claim will be processed based upon the normal well newborn DRG rate. Normal newborn conditions should not be billed as comorbidities.

Anthem has implemented these guidelines in the claims processing system to ensure accurate payment of newborn claims in accordance with Medicaid DRG requirements and Anthem Medicaid precertification requirements in Kentucky.

Notification of well babies should include all relevant delivery information per the enclosed fax notification form. The form is not required; however, the information requested on the form is needed at the time of notification.

Authorization requests for higher levels of care will require medical review and should be submitted with supporting clinical information in addition to the standard delivery notification.

If you have questions regarding this communication, please contact your Anthem Provider Relations representative or Provider Services department at **1-855-661-2028**.

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