

Normal newborn diagnosis-related group claims processing update

UniCare Health Plan of West Virginia, Inc. (UniCare) appreciates the compassion and dedication with which you care for your patients and our members. We also know that the provision of high quality and timely medical services for UniCare members requires successful collaboration with you, the professionals who care for them. Because timely decisions and successful approvals of medically necessary services are an important part of successful collaboration, we encourage you to review the following:

All newborn inpatient stays must have sufficient documentation provided to support an admission to an area beyond the newborn nursery, such as a neonatal intensive care unit (NICU), or for the higher level of care associated with the more complex newborn diagnosis-related group (DRG). An authorization is needed to support the higher level admission. In order to appropriately review your request for a higher level of care, please have all sufficient documentation available when requesting the authorization.

Failure to provide the appropriate documentation and obtain an authorization will result in the claim being processed based on the normal newborn rate. Please note that current authorization guidelines for normal newborn and higher level of care for newborn inpatient stays will be applied.

What is the impact?

- Newborn claims billed with higher level of care newborn DRG codes (Table A: MS-DRG) must have the required authorization on file. If the required authorization is not on file, the claim will be processed based on the normal well-newborn DRG rate.
- When newborn claims are submitted with only newborn care revenue codes 170 and 171 and there is no authorization for services provided for a higher level of care to support the higher level of care DRG, the claims will automatically be paid at the normal newborn DRG rate.

Explanation of Payment code

We have implemented a new explanation code, 00AMH — *Claim did not meet criteria for higher diagnosis-related group (DRG) payment. Level of care adjustment has been made. Claim paid at normal newborn DRG.* This code will appear on your *Explanation of Payment* when a claim is billed with a higher level of care newborn DRG code and the required authorization for the higher level of care is not on file for dates of service beginning October 1, 2018.

Requests for payment of the higher acuity DRG can be made by submitting the appropriate supporting clinical documentation. Please follow the claim payment dispute process detailed in our provider manual, which is available online at <https://provider.unicare.com>.

What if I need assistance?

For authorization requests, please call our Utilization Management department at **1-866-655-7423**. You can also submit a request via fax to **1-855-402-6985** or via the Interactive Care Reviewer on [Availity.com](https://www.availity.com).*

* Availity, LLC is an independent company providing administrative support services on behalf of UniCare Health Plan of West Virginia, Inc.

Table A: Medicare Severity (MS)-DRG codes

MS-DRG	Description
790	Extreme immaturity or respiratory distress syndrome, neonate
791	Prematurity with major problems
792	Prematurity without major problems
793	Full term neonate with major problems
794	Neonate with other significant problems
795	Normal newborn