



NETWORK *Notification*

Notice Date: June 28, 2024
To: Indiana Medicaid Providers
From: CareSource
Subject: NICU Authorizations
Effective Date: May 1, 2024

Summary

As a reminder, a medical necessity review is required by CareSource for inpatient stay beyond newborn nursery, or for a higher level of care beyond healthy newborn care regardless of location or the member's length of stay.

Impact

Newborns may require a higher level of care based on their clinical presentation or maternal risk factors. If the newborn requires care beyond healthy newborn or admission to the neonatal intensive care unit (NICU), an authorization must be on file for reimbursement. For more information, please access the following resources: [Provider Manual - UM Authorization Information](#) and the [Prior Authorization List](#).

Importance

If a claim is submitted with a higher level of care other than healthy newborn Diagnosis Related Group (DRG) and authorization for the higher level of care is not on file, clinical documentation must be provided to substantiate medical necessity per MCG guidelines. If medical necessity cannot be established, the claim will be processed at the standard healthy newborn DRG rate. If the provider is dissatisfied with the determination, the provider may appeal the decision. Please see the "Appeal Procedures" section of the Provider Manual, link above, for information on how to file a clinical appeal with the appropriate supporting clinical documentation.

Questions?

If you have any questions or concerns, please contact Health Partner Services at **1-855-607-2831**, Monday through Friday from 8 a.m. to 8 p.m., Eastern Time (ET)

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