

Neonatal level of care designation required

Summary of change: Effective for dates of admission on or after September 1, 2018, Amerigroup will only reimburse hospitals serving Medicaid members for inpatient neonatal services if they have received a neonatal level of care designation from the Department of State Health Services (DSHS). The neonatal level of care designation applies to Medicaid members.

What does this mean to me?

Hospitals that have not received the neonatal level of care designation will not be reimbursed for inpatient neonatal services rendered to Medicaid members. Hospitals that render neonatal inpatient services and have applied for but not yet received a neonatal designation must adhere to existing claim filing deadlines (95 days from the date of discharge). In order to have a denied claim reprocessed when the designation is received, the facility must file the appeal within 120 days of the denial.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.

<https://providers.amerigroup.com>

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.