



Network Notification

Notice Date: October 2, 2019
To: Indiana Medicaid Providers
From: CareSource
Subject: Coding Guidelines for Newborns

This notification is a revision to the previous network notification dated 12/19/2018.

Summary

This is a reminder message for providers of the correct diagnosis codes to use for Newborns. Newborn hospital stays billed by a physician group with Current Procedural Terminology (CPT) codes 99231-99233, 99238-99239 and 99234-99236 must use one of the following diagnosis codes as primary diagnosis if the stay is related to the birth:

P07 – P07.39

N470

N471

N472

N473

N474

N475

N476

N477

N478

P080

Z380

Z3800

Z3801

Z381

Z382

Z3830

Z384

Z385

Z386

Z3861

Z3863

Z3865

Z3868

Z3869

Z387

Z388

Z412

P05.00 - P05.19

P07.00 - P07.03

Z00.110

Z00.121

Z00.129

Z00.111

Impact

(**Note:** This section has been changed). This billing guidance is for PAR and NON-PAR providers for the normal delivery stay (5 days for C-section and 3 days for vaginal delivery). If a newborn requires a hospital stay longer than these timeframes, a prior authorization (PA) is required.

Questions?

For questions, please contact Provider Services at **1-844-607-2831** (Monday through Friday, 8 a.m. to 8 p.m. Eastern Standard Time).