

Newborn

Version 1.2
20th of July 2022



Version Control:

Version	Change	Section
1.1	- Added BRVR Table	- BRVRs
1.2	- Added Steps in handling the patient Birthweight	- Steps in handling the patient Birthweight

Case

When creating an eligibility, pre-auth or claim request for a Newborn, the request will get rejected by the payers.

Newborn handling on nphies

Please follow the below steps:

- **Diagnostic codes indicate newborn**
Code the newborn cases as either principle or secondary diagnosis using one (or more) of the below are the ICD-10-AM codes:
 - Z38 Liveborn infants according to place of birth

Code	Description
Z38.0	Singleton, born in hospital
Z38.1	Singleton, born outside hospital
Z38.2	Singleton, unspecified as to place of birth
Z38.3	Twin, born in hospital
Z38.4	Twin, born outside hospital
Z38.5	Twin, unspecified as to place of birth
Z38.6	Other multiple, born in hospital
Z38.7	Other multiple, born outside hospital
Z38.8	Other multiple, unspecified as to place of birth

- **The patient resource and the identifier will be patient medical record ID for the newborn**
A new patient resource will be created for the newborn.

- **The insurance coverage will be for the mother's**
 - The newborn will be covered under the mother's policy.
 - The provider to provide:
 - the relationship
 - Marital status

Field	Description	Min	Max	Data type
CoverageEligibilityRequest.extension.newborn	Flag to identify that this eligibility is for a newborn	0	1	Boolean
Claim.extension.newborn	Flag to identify that this authorization is for a newborn	0	1	Boolean
Claim.extension.newborn	Flag to identify that this claim is for a newborn	0	1	Boolean

- **Provide the newborn birth weight in the supporting info**
The provider should include the newborn birth-weight in the supporting info for the request
- **Insurance should not reject the claim if the patient details do not match the mother's details**
The insurer should validate the pre-auth/claim when it goes through their system and do not reject it.
- **Use an extension to indicate/flag that the patient is a newborn for pre-auth/claim**
- **Use the below code to indicate the birth weight.**

Code System	Supporting info category
http://nphies.sa/terminology/CodeSystem/claim-information-category	Birth-Weight

- **Steps in handling the patient Birthweight:**
 - 1- If the provider measured the baby weight after birth, then it shall be reported under “Birth-Weight” supporting info in the Newborn request.
 - 2- If the provider did not measure the baby weight after birth, then the provider will report the current weight of the patient under “Birth-Weight” supporting info in the Newborn request.

- 3- If the provider did not measure either the birth weight or the current weight of the baby, then the provider will enter any weight value they have for baby under the “Birth-Weight” supporting info in the Newborn request.

BRVRs

Rule ID	Rule Type Description	Rule Related Message/Resource/Element	Description	Display
BV-00506	Business and Validation Rule	Claim.extension.newborn	If Claim.extension.newborn = "true" and the Claim.type="institutional" then the "birth-weight" (Claim.supportingInfo.category= "birth-weight") SHALL be provided	The birth-weight details are required for a newborn patient in an institutional claim / preauthorization request
BV-00507	Business and Validation Rule	Claim.extension.newborn	If Claim.extension.newborn = "true" and the Claim.type="professional" then the "birth-weight" (Claim.supportingInfo.category= "birth-weight") SHALL be provided	The birth-weight details are required for a newborn patient in an institutional claim / preauthorization request
BV-00509	Business and Validation Rule	Claim.supportingInfo.category.coding.code	If Claim.supportingInfo.category.coding.code="birth-weight" then Claim.supportingInfo.valueQuantity SHALL exist and Claim.supportingInfo.valueQuantity.system SHALL refer to "http://unitsofmeasure.org" and SHALL use code=kg and Claim.supportingInfo.valueQuantity.value SHALL exist	Supporting information "birth-weight" requires a value, the UCUM code-system and the UCUM code "kg"
BV-00553		Claim.extension.newborn, Claim.servicedDate	When Claim.extension.newborn = "true" and Claim.item.servicedDate is provided then the count of days between Claim.item.servicedDate and Patient.dateOfBirth related to the newborn SHALL be less than or equal to 90 days (Claim.item.servicedDate - Patient.dateOfBirth <=90 days)	The Claim item servicedDate must be less than or equal to 90 days from the date of birth of the newborn child

BV-00554		CoverageEligibilityRequest.extension.newborn, CoverageEligibilityRequest.servicedDate	<p>if CoverageEligibilityRequest.extension.newborn = "true" and CoverageEligibilityRequest.servicedDate is provided then the count of days between CoverageEligibilityRequest.servicedDate and Patient.dateOfBirth related to the newborn SHALL be less than or equal to 90 days</p> <p>(CoverageEligibilityRequest.servicedDate - Patient.dateOfBirth <=90 days)</p>	The Eligibility servicedDate must be less than or equal to 90 days from the date of birth of the newborn child
BV-00555		CoverageEligibilityRequest.extension.newborn, CoverageEligibilityRequest.servicedPeriod	<p>if CoverageEligibilityRequest.extension.newborn = "true" and CoverageEligibilityRequest.servicedPeriod is provided then the count of days between CoverageEligibilityRequest.item.servicedPeriod.end and Patient.PeriodOfBirth related to the newborn SHALL be less than or equal to 90 days</p> <p>(CoverageEligibilityRequest.item.servicedPeriod.end - Patient.PeriodOfBirth <=90 days)</p>	The Eligibility servicedPeriod end date must be less than or equal to 90 days from the date of birth of the newborn child
BV-00556		Claim.extension.newborn, Claim.servicedPeriod	<p>When Claim.extension.newborn = "true" and Claim.item.servicedPeriod is provided then the count of days between Claim.item.servicedPeriod.end and Patient.dateOfBirth related to the newborn SHALL be less than or equal to 90 days</p> <p>(Claim.item.servicedPeriod.end - Patient.dateOfBirth <=90 days)</p>	The Claim item servicedPeriod end date must be less than or equal to 90 days from the date of birth of the newborn child
BV-00557		Claim.diagnosis.diagnosisCodeableConcept, Claim.diagnosis.type	<p>When Claim.extension.newborn = "true" then for one array entry of the Claim.diagnosis the Claim.diagnosis.diagnosisCodeableConcept.coding.code must be one of the Z38.x ICD-10-AM codes</p>	One of the Z38.x codes is required as a diagnosis in the authorization / claim request