



PROVIDER *bulletin*

January 24, 2022

Billing Criteria for Newborn Claims

Dear Provider,

To minimize the denial of member claims, KHS is requesting providers and/or billing staff adhere to member ID criteria to ensure claims are mapped to the correct patient's name as appears on the Medi-CAL CIN Card or the Kern Family Health Care (KFHC) ID as outlined in Kern Health Systems Policy 6.01-P (Claims Submission and Reimbursement).

Submission of non-newborn member claims:

Must consist of:

- Member's last name, first name, middle initial if applicable – (box 2 of the CMS claim form or box 8b of the UB04 claim form)
- Member's date of birth - (box 3 of the CMS claim form using MM/DD/YY or box 10 of the UB04 claim form using MM/DD/YYYY).
- Insured (patient's) ID as appears on KFHC ID and/or Medi-CAL CIN ID (box 1a of the CMS claim form or box 60 on the UB04 claim form).

Incorrect application of the member ID could result in denial of provider claim submission with EOP reflecting "Unidentified Member" with denial remit code DID (ID # not matching patient name).

Incorrect use of date of birth as defined by DHCS using applicable month/year of birth could result in denial of claim under member name billed with denial remit code DOB (Date of birth does not match patient).

Submission of newborn claims:

Must consist of:

- Newborns given name; last name, first name, middle initial if applicable (box 2 of the CMS claim form or box 86 of the UB04 claim form). If unknown newborn name, name must be submitted with mom's last name, first name = baby boy/girl. i.e. (Doe, Baby Boy) or (Doe, Baby Girl). Use of mom's first name followed by baby boy/girl could result in claim denial. Use of "BB" or "BG" as the first name will result in claim denial as well.
- Newborns date of birth – (box 3 of the CMS claim form using MM/DD/YY or box 10 of the UB04 claim form using MM/DD/YYYY)
- For the newborn baby month of birth and the following month, insured's ID must be mom's KHS ID MEM # or Medi-Cal CIN ID # - (box 1a of the CMS claim for or box 60 of the UB04 claim form). After this timeframe, the baby should have their own ID

If you have any questions, please reach out to your Provider Relations Representative at 661-664-5000

Thank you,

Melissa McGuire
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Kern Health Systems