



# Molina Healthcare of Nebraska, Provider Notice

## 599 CHIP Diagnosis Requirements-Updated

05/27/2026

This Provider Notice replaces a previous notification dated December 1, 2025. The purpose of this revision is to provide additional clarity through examples.

The 599 CHIP program is designed for unborn children of pregnant women who are otherwise ineligible for coverage under Medicaid or CHIP. This program is not full Medicaid coverage and only applies to prenatal care and pregnancy-related services. These services are connected to the health of the unborn child, including labor and delivery.

To ensure compliant claims processing for the unborn child, Molina requires providers to include the pregnancy diagnosis in either the primary or secondary position of the claim, at the line level.

Effective January 1, 2026, this requirement will be enforced.

1. Claims excluding the diagnosis or listing the diagnosis in a position other than the first or second, will be rejected and not accepted into the system for claims processing.
2. Claims excluding the pregnancy diagnosis or listing the pregnancy diagnosis in a position other than the first or second at the line level, are subject for denial or recovery during claim adjudication.

### Example of an acceptable line-level claim:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10													22. RESUBMISSION CODE			
A. Z24419 B. Z3605 C. Z23 D.													1			
E. F. G. H.													23. PRIOR AUTHORIZATION NU			
I. J. K. L.																
24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS		
MM	DD	YY	MM	DD	YY											
09	05	24	09	05	24	11	N	0502F					A	0	00	1
09	05	24	09	05	24	11	N	87081					B	26	00	1
N400069034405 ML 5																
09	05	24	09	05	24	11	N	90678					C	338	00	1
09	05	24	09	05	24	11	N	90471					C	66	00	1

- Lines 1 and 2 will pay due to pregnancy-related diagnosis listed in 1<sup>st</sup> position at the line level.
- Lines 3 and 4 will deny due to no pregnancy-related diagnosis in the 1<sup>st</sup> or 2<sup>nd</sup> position at the line level (Z23- Encounter for immunization is not pregnancy-specific).



### Example of an unacceptable claim

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)											ICD Ind.	0	22. RESUBMISSION CODE		1			
A.	Z23			B.				C.				D.				23. PRIOR AUTHORIZATION NU		28D2073155
E.				F.				G.				H.						
I.				J.				K.				L.						
24. A.		DATE(S) OF SERVICE				B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.		G.			
		From To				PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS			
		MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER								
01	16	24	01	16	24	11	N	90471					A	44	00	1		
N470461032303 ML5																		
01	16	24	01	16	24	11	N	90674					A	40	00	1		

- This claim will *reject* due to no pregnancy-related diagnosis code in the 1<sup>st</sup> or 2<sup>nd</sup> position at the header level.

Providers may want to consider submitting corrected claims if the pregnancy diagnosis was excluded or not billed in the primary or secondary position of the claim, at the line level. Information on filing a corrected claim is available in the Provider Manual, under the “Provider Guides” section of our provider website found here:

[www.molinahealthcare.com/providers/ne/medicaid/resources/provider-materials.aspx](http://www.molinahealthcare.com/providers/ne/medicaid/resources/provider-materials.aspx)

Thank you for your continued partnership in the Molina Healthcare of Nebraska network.

**If you have general questions about this communication, please contact our Provider Relations Team at [NEProviderRelations@MolinaHealthcare.com](mailto:NEProviderRelations@MolinaHealthcare.com).**