



NICU Payment Review Policy

Revision

December 3, 2019

Dear Provider:

Molina Healthcare is writing to inform you of a revision to the NICU Payment Review process that took effect July 1, 2019 regarding services provided in a neonatal intensive care unit NICU of a general hospital. This revised policy will take effect January 1, 2020. Pursuant to Public Health Law Section 1. Section 4406-c, Molina Healthcare of New York, Inc. does not require prior authorization for these services. However, Molina Healthcare reserve the right to review medical records to determine medical necessity. As such, Molina is requesting the submission of complete medical records at the time of claims submission. Should the services subsequently be determined not medically necessary, payment of the claim will be adjusted to reflect this determination. This revised review process will take effect on January 1, 2020. The details are outlined below.

Effective: January 1, 2020

Upon submission of the NICU claim, the medical records to support medical necessity of the NICU stay are required to be submitted to Molina Healthcare's NICU Review Team. If the records are not received, a formal request for records will be issued. In addition, a verbal outreach will be made to obtain these medical records. If by the 20th day post claim submission the medical records are not received, the NICU Review Team will conduct an additional verbal outreach in a second attempt to obtain the records. If medical records are not received by the 25th day post claim submission, the NICU claim payment will be denied for insufficient information to determine medical necessity.

Mail: Molina Healthcare of New York, Inc.
York, Inc.

Attn: NICU Review
5232 Witz Drive
North Syracuse, NY 13212

Fax: Molina Healthcare of New

York, Inc.
Attn: NICU Review
315-234-9812

Upon the receipt of medical records within the 25th day post claim submission, the records will be reviewed against InterQual criteria. A subsequent review will then be completed by a Molina Healthcare Medical Director, who reserves the right for final determination of medical necessity. A Certified Professional Coder will price the claim in accordance with Molina Healthcare Medical Director's determination of the appropriate level of medical necessity. Both the member



and provider will be notified of the determination in writing through their Explanation of Benefits (EOB)/ Explanation of Payment (EOP). Should the billed level of care be reduced, denied for medical necessity or lack of information to determine medical necessity (as noted above), your rights to appeal are outlined in the EOB/EOP.

With regards to NICU claims denied since implementation of this process on July 1, 2019. Molina Healthcare will use the new process outlined above to address all denied claims.

This notification will be posted to our website for future reference. Should you have any questions regarding the new payment review policy, please contact me at 315-928-4526. Thank you for your continued cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mumtaz Ibrahim', with a stylized flourish at the end.

Dr. Mumtaz Ibrahim
Chief Medical Officer