



### 599 CHIP billing guidance

Providers are encouraged to submit 599 Children’s Health Insurance Program (CHIP) claims as recommended below in order to increase appropriate adjudication. This guide will provide basic information to further instruct and educate all providers in assistance with 599 CHIP claim submittals.

A pregnant woman who is not otherwise eligible for Medicaid or Children’s Health Insurance Program (CHIP) may have her unborn child’s eligibility reviewed under the 599 Children’s Health Insurance Program (CHIP) program. If the mother is ineligible for Medicaid and the unborn child is eligible for the 599 CHIP program, please note the following billing instructions.

When the mother is ineligible and her unborn/newborn is eligible a) The **unborn** child is the Medicaid eligible individual and b) the mother is eligible for pregnancy related services during the pregnancy.

Before the baby is born, the subscriber eligibility will reflect *unborn* as the first name of the subscriber. Claims with date of service prior to date of birth need to include *unborn* as the subscriber’s first name and the mother’s last name as the subscriber’s last name.

After the baby is born, the subscriber eligibility will reflect the child’s birth name. Claims with date of service after the date of birth will use the child’s full birth name as the subscriber name. Depending on the service rendered, the patient named on a claim form could be mother or child.

#### Professional paper claim form example

**HEALTH INSURANCE CLAIM FORM** send your claims by EDI.

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

|   |  |  |  |   |  |  |   |      |  |
|---|--|--|--|---|--|--|---|------|--|
| PICA  |  |  |  |   |  |  |   | PICA |  |
| 1. MEDICARE<br><input type="checkbox"/> (Medicare#)       | MEDICAID<br><input type="checkbox"/> (Medicaid#) | TRICARE<br><input type="checkbox"/> (ID#/DoD#) | CHAMPVA<br><input type="checkbox"/> (Member ID#) | GROUP HEALTH PLAN<br><input type="checkbox"/> (ID#) | FECA<br>BLK LUNG<br><input type="checkbox"/> (ID#) | OTHER<br><input type="checkbox"/> (ID#)                      | 1a. INSURED'S ID. NUMBER (For Program in Item 1)          |      |  |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) |  |  |  | 3. PATIENT'S BIRTH DATE<br>MM DD YY                 |  | SEX<br>M <input type="checkbox"/> F <input type="checkbox"/> | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) |      |  |

FL# 1a. Unborn Healthy Blue or Medicaid ID number (837P: 2010BA loop, NM108-NM109 segment)

FL# 2. Mother’s Last Name, First Name (837P: 2010CA loop, NM103-NM104 segment)

FL# 3. Mother’s Date of Birth (837P: 2010CA loop, DMG02-DMG-03 segment)

FL# 4. Unborn’s Last Name (as identified on the ID card), First Name (837: 2010BA loop, NM103-NM104 segment)

#### Institutional claim paper form example

|                  |        |                      |  |
|------------------|--------|----------------------|--|
| 1                | 2      | 3a PAT. CNTL #       | 4 TYPE OF BILL                         |
|                  |        | b. MED. REQ. #       |  |
|                  |        | 5 FED. TAX NO.       | 6 STATEMENT COVERS PERIOD FROM THROUGH |
| 8 PATIENT NAME a |        | 9 PATIENT ADDRESS a  |  |
| b                |        | c                    | d                                      |
| 10 BIRTHDATE     | 11 SEX | 12 DATE              | 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT    |
|                  |        | 18 19 20 21          |  |
|                  |        | 22 23 24 25 26 27 28 |  |
|                  |        | 29 ACCT STATE 30     |  |

<https://provider.healthybluene.com>

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

FL# 8a. Mother's Last Name, First Name (837I: 2010BA loop, NM108-NM109 segment)

FL# 10. Mother's Date of Birth (837I: 2010BA or 2010CA loop, DMG01-DMG02 segment)

| 58 INSURED'S NAME | 59 P REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
|-------------------|----------|------------------------|---------------|------------------------|
|                   |          |                        |               |                        |

FL# 58. Unborn's Last Name (as identified on the ID card), First Name (837I: 2010BA loop, NM101-NM104 segment)

FL# 59. G8 (an appropriate two-digit value) (837I: 2000B loop, SBR01-SBR02 segment when self (18) is billed; 2000C loop, PAT01 segment when 04,05,07,10,15,17,22,23,24,29,32,33,36,41 or 43 is billed)

FL# 60. Unborn's Healthy Blue or Medicaid ID Number (837I: 2010BA loop, NM108-NM109 segment)

It is important to note that when submitting 599 CHIP claims related to newborn delivery services, please identify the newborn's gender as identified upon birth in the corresponding fields of your respective claims.

As valued providers, your participation in the Healthy Blue network is truly appreciated. We look forward to our ongoing partnerships to provide high-quality, cost-effective healthcare to the communities we serve.

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **833-388-1406** Monday to Friday from 7 a.m. to 8 p.m. CT.