



Neonatal Intensive Care Services Payment Policy

Policy

Fallon Community Health Plan (FCHP) reimburses for Neonatal Intensive Care Unit (NICU) services when they are determined to be medically necessary and when they meet the medical criteria and guidelines indicated below.

This policy applies to the payment for NICU services provided by physicians and hospital facilities for the care of critically ill newborns or managing continuing intensive care of the very low birth weight infant. NICU services involve high-complexity decision-making to manage, monitor and treat critically ill or very low birth weight neonates from birth to initial discharge home. The purpose is to ensure that sufficient clinical criteria have been met to assure medical appropriateness of the inpatient NICU stay.

Newborns are not typically re-admitted to NICUs from the community. Infants needing re-admission are usually admitted to regular Pediatrics or a Pediatric Intensive Care Unit. Infants transferred from one facility to another can be admitted to NICUs. If an infant less than 30 days old is re-admitted to an acute care facility, the use of NICU criteria can be applied to that admission even if the infant is not located in a NICU.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCareSM

Reimbursement

Direct physician supervision indicates that the physician must have face-to-face contact with the neonate and be readily available to assist if necessary. The physician is not required to provide 24-hour in-house coverage, but does need to be physically present at some time during that 24-hour period to examine the neonate and review the care with the health care team. Since the neonatal and pediatric critical care codes are global 24-hour codes, the appropriate code should be reported only once per day, per patient, even if the physician provides services to the neonate multiple times during a single day.

Reimbursement is as indicated in the contract.

Referral/notification/preauthorization requirements

Preauthorization is not required, but notification and concurrent review is required for all admissions.

Billing/coding guidelines

Providers must bill the ICD-9-CM diagnosis codes to the highest level of specificity that supports medical necessity.

Hospitals - bill the appropriate Revenue Codes using the UB-04 or ANSI 837I 4010.

Level I: healthy newborns (> 35 weeks gestation OR > 2,000 grams) at low risk for complications that may require interventions of a low complexity; or infants who have transferred from a Level III or Level II Nursery either in the same facility or from an outside facility for continued growth and feeding (sometimes referred to as "growing preemies"). (Revenue Code 0171)

Level II: newborns who are hemodynamically unstable, less than 35 weeks of gestational age OR less than 2000 grams birth weight, OR that require moderately complex medical interventions. (Revenue Code 0172)

Level III: at risk newborns with complex medical conditions less than 32 weeks of gestational age or less than 1500 grams birth weight, or hemodynamically unstable **and** require continuous invasive or complex interventions. (Revenue Code 0173)

Level IV: The American Academy of Pediatrics gives hospitals the option of allocating services for a level IV NICU based on ability to provide more intense, complex, comprehensive services such as extracorporeal membranous oxygenation (ECMO) or surgical repairs of congenital anomalies or malformations, thus requiring constant nursing and continuous cardiopulmonary and other support for severely ill neonates. (Revenue Code 0174)

Physicians - bill professional physician services using the CMS-1500 claim form or ANSI 837P 4010.

99295 - Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less.

99296 - Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less.

99298 - Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1,500 grams).

99299 - Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1,500-2,500 grams).

99300 - Subsequent intensive care; per day, for the evaluation and management of the recovering infant (present baby weight of 2,500-5,000 grams).

Place of service

This policy applies to inpatient services.

Policy history

Origination date:	01/07/04
Previous revision date(s):	12/22/04, 01/18/06, and 01/03/07
Connection date & details:	November 2009 – Renamed to Neonatal Intensive Care Services from Neonatal and Pediatric Critical Care Services, moved to new template, and updated NICU and level descriptions.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.