

NEWBORN CARE (INPATIENT)

Policy

Neighborhood Health Plan reimburses participating providers for the provision of medically necessary inpatient newborn care rendered in participating facilities.

Prerequisites

Authorization, Notification and Referral

Service	Requirement
Administratively Necessary Day	Prior authorization required
Boarder Baby	Prior authorization required
Healthy Newborn	Covered under mother's authorization number
Sick Newborn Admissions	Notification required within 24 hours or next business day for newborns requiring intensive care or transfer to another facility
Sick Newborns	Authorization required for each day of care beyond the initial notification through discharge
For HVMA Members	A referral number for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral number prior to rendering care.

Limitations for MassHealth and Commonwealth Care Members

For babies born to either MassHealth or Commonwealth Care eligible women, MassHealth requires the facility to submit the Notification of Birth (NOB-1, revised 04/09) form, within 30 days from the newborn's date of birth, to facilitate eligibility determination and health plan enrollment. The form can be accessed on page three in the following link:

<http://www.mass.gov/eohhs/docs/masshealth/bull-2009/aih-136.pdf>

Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Administratively Necessary Day: A day of Acute Inpatient Hospitalization on which a member's care needs to be provided in a setting other than Acute Inpatient Hospitalization and on which a member is clinically ready for discharge but for whom an appropriate setting is not available. (Healthy newborns remaining in the hospital beyond the mother's discharge awaiting DSS status.)

Boarder Babies: Healthy newborn babies remaining in the hospital when their mother must remain in the facility due to medical complications.

Neonatal Intensive Care Unit (NICU): An intensive care unit designed for premature and ill newborn babies.

Newborn Care Services: Services performed from birth to four weeks.

Sick Newborn: Newborns requiring intensive care, transfer to another facility, or remaining in the hospital for treatment after the mother's discharge.

Neighborhood Health Plan Reimburses

- Routine inpatient newborn services and related ancillary charges.
- State mandated diagnostic testing and screening.
- Inpatient physician services.
- Circumcision requested by the parent and performed by a participating provider while the newborn is in the hospital following delivery.

Neighborhood Health Plan Does Not Reimburse

- Ritual circumcision performed by non-clinicians.

Procedures Codes Applicable to Guideline

Note: This list of codes may not be all-inclusive.

Code	Descriptor	Comments
0169	Room & Board-Other	For Administratively Necessary Days. Use per contractual agreement
0170	Newborn Nursery	For Routine Newborn Care
0171	Newborn Level I	
0172	Newborn Level II	
0173	Newborn Level III	
0174	Newborn Level IV	
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days or less)	
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	
99221-99223	Inpatient hospital care, per day	
99231-99233	Subsequent hospital care, per day	
99460	Initial hospital or birthing center care, per day, for E & M of normal newborn infant	For Routine Newborn Care Do not report in conjunction with 99463
99461	Initial care, per day, for E & M of normal newborn infant seen in other than hospital or birthing center	
99462	Subsequent hospital care, per day, for E & M of	Do not report in conjunction with

	normal newborn	99460
99463	Initial hospital or birthing center care, per day, for E & M of normal newborn infant admitted and discharged on the same date	For newborns assessed and discharged from the hospital or birthing center on the same day
99464	Attendance at delivery (when requested by the delivering physician) and initial stabilization	Do not report in conjunction with 99465
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	Do not report in conjunction with 99460, 99468, and 99477
99468	Initial inpatient neonatal critical care, per day	
99469	Subsequent inpatient neonatal critical care, per day	
99477	Initial hospital care, per day, for the neonate, aged 28 days or less, requiring intensive observation, frequent interventions, and other ICU services	For newborns NOT critically ill, only reported by ONE physician, ONCE per patient
99478	Subsequent intensive care, very low birth weight infant, (present body weight less than 1500 grams), per day	For newborns NOT critically ill, requiring frequent monitoring, heat maintenance, nutritional adjustments, labs and oxygen monitoring, etc. by a team under direct physician supervision, reported by ONE physician, ONCE per day, per patient
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant, (present body weight 1500-2500 grams) day	
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant, (present body weight 2501-5000 grams)	

Provider Payment Guidelines and Documentation

Well newborn care *during* the mother’s inpatient delivery stay that is provided in the newborn nursery is reimbursed using the mother’s NHP identification and authorization numbers.

Well newborn care *after* the mother’s discharge (Administratively Necessary Day Status) is reimbursed using the baby’s NHP identification and corresponding authorization numbers.

Sick newborns transferred to the NICU or another facility are reimbursed using the baby’s NHP identification number and corresponding authorization number.

Routine circumcision requested and performed by a participating provider during the newborn’s hospital stay is reimbursed under the inpatient stay.

References

MassHealth Acute Inpatient Hospital Bulletin Number 141, dated October 2011. Please note, the new submission address for NOB-1 is: 100 Hancock Street, 6th floor, Quincy, MA 02171.

Publication History

Topic: Newborn Care (Inpatient)	Owner: Provider Network Management
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June 26, 2009 Original documentation
 May 25, 2010 Authorization grid, definitions, updated

March 20, 2012

Authorization grid, member cost sharing, coding grid, NOB-1 link and submission address, disclaimer updated

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan's Provider Manual Billing Guidelines section for additional information on NHP's billing guidelines and administration policies. Questions may be directed to Provider Network Management at prweb@nhp.org.